VR A1S (4) 1SM 9/59

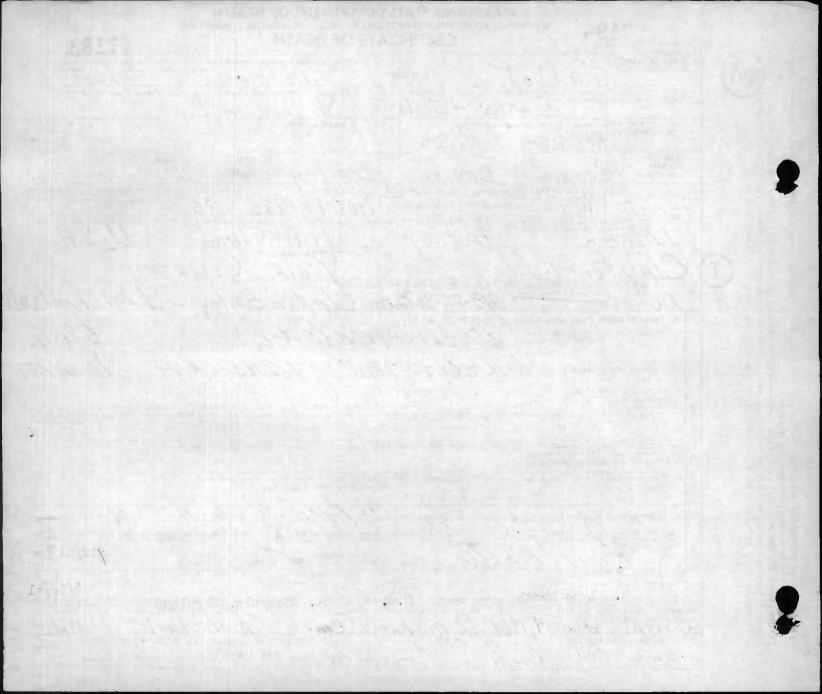
7194

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

STATISTICAL RESEARCH	AITU	KECOKI	<i>y</i> 3 —	DALII
CERTIFIC	ATE	OF	DE/	HTA

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- 1	3	4	0	-1

1	1. PLACE OF DEATH O. COUNTY MARYLAND 2. USI O. O.	JAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE PHY B. COUNTY
1	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION Memorial HOSP,	STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\text{NO} \text{NO} \)
3	3. NAME OF DECEASED (Type or print) EMMA IRENE D	Light 4. DATE Manth Day Year OF DEATH 6 // 19 6/
1	5. SEX FEMALE REGION OF RACE 7. MARRIED NEVER MARRIED \$ 8. DATE NOTE: NO SEX WIDOWED DIVORCED NO	OF BIRTH 9. AGE (In years lost birthday) 35 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
	Hooke R Hactory	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Clayton Bailey	ViolA COURSEY
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMA (Yes. no. of Information) (If yes. give wor or dates of service) 2/3-22-8072 ////////////////////////////////////	Clayton Bailey - J. Michaels, M
	18. CAUSE OF DEATH [Enter only one cause of line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	MOSES AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	of lancuer longer
	(1-)	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO X
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	noture of injury in Port I ar Part II of item 1B.)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 all work at wark 20e. PLACE OF factory, str	INJURY (Home, farm, 20f. (City or town) (County) (State) eet, office bldg., etc.)
	21. I certify that (1) (this haspital) attended the deceased fram 5 saw the deceased alive and 10 19 6 and that death of	accurred at 1 h. M., from the causes and an the date stated above.
	220 SIGNATURE M.D. A.	TTENDING MED. STAFF SIGNED SIGNED
	R. Lane Wroth M. D.	d. ADDRESS 6/12/61 St. Michaels Manyland
	23g. DATE THEREOF 23c. NAME OF CEMETERY OR CREM REMOVAL (Specify) JUNE 14, 1961 ST. M. Chaels	em. St. Michaels, Md.
1	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Labluel Coston, you	D. Date JUN 1 4 '61 Cultury S. Kruss

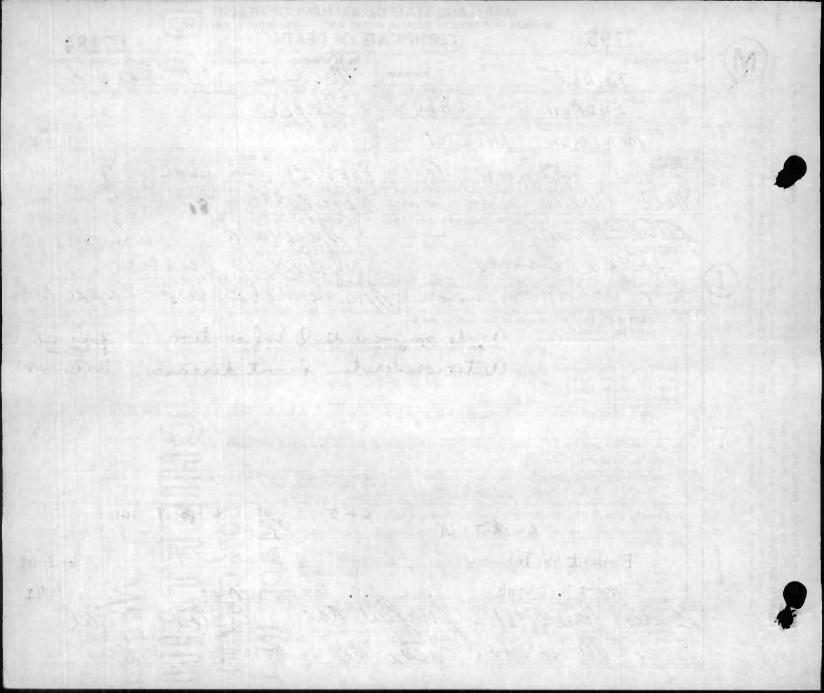


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VR A15 (4) 15M 9/59

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DIVISIO	N OF STATI	STICAL RESE	ARCH AND	RECORDS —	BALTIMORE	1, MARYLANI
		CERTI	FICATE	OF DEA	ATH	

	7195	31011 01 3	CERTIF	ICAT	E OF DEATH	I	LAND	07184	
1.	PLACE OF DEATH a. COUNTY TO 1 by T		MARYL	- 11	2. USUAL RESIDENCE 4W		. If institution: Reside b. COUNTY	Tence toefare admission)	
	b. CITY OR TOWN (If autside carporate lin RURAL and give pagrest town)	nits, write	3 /2 M.	N 1b	c. GITY OX JOWN (IF	outside carporote li	mits, write RURAL an	d give nearest tawn)	
	d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION MORIE!	give street or	spital		d. STREET AND DESS			e. IS RESIDEN ON A FAR YES NO	M?
3.	DECEASED	muel	Middle		Barnes	4. DATE OF DEATH	June.	Day Year 7 19 (61
5-	Male While	WIDOWED			DATE OF BIRTH	180 9. AC	GE (In years IF UND the birthdoy) Manth yrs.	ER TYEAR IF UNDER 24	HRS. Min.
10	O. USDAYOCCUPATION (Size kind of wark dring post of working life even if retire	done 10b. K	IND OF BUSINESS OF	RINDUST		Kaud	12.0	CITIZEN OF WHATCOUN	ITRY?
13	FATHER NAME BO	erus	1		14. MOTHER'S MAJOEN	NAME /	Merrie	le'	
	(If yes, give was or dotes of		OCIAL SECURITY NO.	17-INE	W. Samu	el Ba	Address	Tuppe).	Ma
	1B. CAUSE OF DEATH [Enter only one of PART I. DEATH WAS CAUSED BY:	ause per line	far (a), (b), and (c).]		. 0 :	0	L ,	INTERVAL BETWE	
	IMMEDIATE CAUSE	1000	eite my	yer	andial 1	nforc	tion	3 days	
3	Canditions, if any, which)	. 0	toniano	0.0	t: 2 -	+ 12		21 0 8000	. 170
	gove rise to immediate	b) CC	TOD AGE		oue his	ou au	(ACSO)	DO TOR YOU	~
	lying couse last.	(c)							
CATION	PART II. OTHER SIGNIFICANT CO	VDITIONS <u>CC</u>	ONTRIBUTING TO DEA	TH BUT N	NOT RELATED TO THE TERM	AINAL DISEASE COI	NDITION GIVEN IN P	PERFORME	OPSY D?
CERTIFI	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED.	(Enter noture of injury in	Port I ar Port II af	item 18.)		
MEDICAL	20c. TIME OF INJURY Manth, Doy, Y Hour o. m. p. m.	ear 20d. IN. While at wark	Not while	20e. PLAC focto	CE OF INJURY (Hame, far ary, street, affice bldg., et	m, 20f. (City or to	wn)	(County) (S	Stote)
	21. I certify that (I) (this haspite	l) attende	ed the deceased	fram	6-5	(e) to 4	- J 1 19	(L), that (I) (we)	last
	saw the deceased alive an	- 24	7_1961 , and	that de	ath accurred at	M, fram the	causes and an I	he date stated ab	
	220. SIGNATURE Robert W.	Ino	01	м		AED. ST	AFF IYS. □	22b. DA SIC	GNED
	22c. PHYSICIAN'S NAME (Tyre) Robert W. Tr			.м	22d. ADDRESS		ALC: L	4.10	163
23	OPPLIFIAL, CREMATION, 25H. DATE THERE	OF 1961	23c. NAME OF CEME	-/3	PENATORY COLL	Marylan 23d. LOCATION	(City, town, or count	THE (Syste)	CT
24	FUNERAL DIRECTOR'S SIGNATURE	yso	ADDRESS)	ten	Me 25a. REC	D BY REGISTRAR	25b. REGISTRAR'S		
14	1		cour	0	DAILE				



VR A1S (4) 15M 9/59

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te		DEPARTMENT OF HEALTH
	7196 CERTIFICA	TE OF DEATH 07186
	PLACE OF DEATH O. COUNTY TALBOT MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE apyland b. COUNTY Caroline
L	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greensboro d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
3.	NAME OF DECEASED Middle Middle	None YES NO X
	(Type or print) Maude Pritchett	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Dec. 21, 1890 70 yrs. 1966 1966 1966 1967 1970 197
10	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife None	ISTRY 11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.
1	Charles E. Pritchett	14. MOTHER'S MAIDEN NAME ? Russell
1S. (Ye	no or unknown) . Iff we give were or deter of service)	rthur Brumbaugh Greensboro, Md.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which) Basilar Se	interval Between onset and Death 11 days
	gove rise to immediate couse (a), stating the under-lying couse last.	
FICATION	Cerebral thrombosi	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
AL CERTIFI	OR CONTRIBUTING LI CAUSE OF DEATH Fell, striking he	ead - presumably had CVA and fell as result of same
MEDICAL	Hour o. m. While Not while fo	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) home Greensboro Caroline Md
2	21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an 6-26 1961, and that	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Robert W. Trever	M.D. PHYS. MED. STAFF 6/28/61 SIGNED MED. PHYS.
	22c. PHYSICIAN'S NAME (Typhicobert W. Trever M. D.	22d. ADDRESS 6/28/61 Easton, Maryland
230	BURIAL, CREMATION, 236. DATE THEREOF BURIAL STEP 6-28-61 Greensb	oro Greensboro Md.
24,	FUNERAL DIRECTOR'S SIGNATURE & Scens Coro	Md. DATE JUN 3 0 '61 256. REGISTRAR'S SIGNATURE CLITTING S. Flores

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The water out to the total (1) Date and with the Date

MAKILAND	SIAIE	DEPAKIMEN	I OF HEA	ALIH
VISION OF STATISTICAL	RESEARCH	AND RECORDS -	BALTIMORE	1, MARYLAND

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	7197	CERTIFICA	TE OF DEATH	07185
١.	PLACE OF DEATH O. COUNTY TAI BOT	MARYLAND		
PLACE OF DEATH				
		et address)	d. STREET ADDRESS BOX 134	e. IS RESIDENCE ON A FARM? YES NO
	(Type ar print) Louise	~	BRUMMELL OF TUNE	5 1961
1	Female Negru widow	WED DIVORCED	April20, 1914 Just Durchday)	Months Days Hours Min.
10%	during most of warking life, even if retired)	Domes tic	ISTRY 11. BIRTHPLACE (State or foreign country) MAYJAN	12. CITIZEN OF WHAT COUNTRY
13.	George Whil	te	NAnnie Wing	
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (If yes, give war or dates of service)	20. 1.1.	no many & Brown -	Trappe, md.
	PART I. DEATH WAS CAUSED BY:	line for (a)? (b), and (c).]	multion I elen	INTERVAL BETWEEN ONSET AND DEATH
	Conditions if any which)	Yarelilans	Jalu	
	gave rise to immediate cause (a), stating the under-	Kyferten	Ladio verelatal	have
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	NTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GI	IVEN IN PART 1(a) 19. WAS AUTOPS PENFORMED? YES NO
CERTIFI	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Part I ar Part II of item 18.)	
MEDICAL	Hour o.m. Whil	le Not while fo	LACE OF INJURY (Home, farm, 20f. (City or tawn) octory, street, office bldg., etc.)	(Caunly) (Slate
	PLACE OF BEATH a. COUNT			
	220. SIGNATURE CONSTRUCTION OF THE PROPERTY OF	net -	M.D. ATTENDING MED. STAFF PHYS.	5 June Page
	22c. PHYSICIAN'S ECH. S	thorist	22d. govress Story Many	112rd
230		23c, NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, takin,	ar caunty) (Stote)
24.	Junes & ahiell	ADDRESS / Conting		
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VR A15 (4) 15M 9/59

CHAIR ELLERE Dea what is marked the me - was been and The state of the s Marie the say to the word that there is ELEM Just 7212 THE COM THE TEST OF THE Some and the state of the state MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

b. COUNTY

requires that the death certificate

after death. Page

1. PLACE OF DEATH a. COUNTY

DIRECTOR VR A15 (4)

b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 10 days FASTON d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO P nemerin 4. DATE NAME OF DECEASED Middle Month Day Yeor DEATH RROWS 196 (Type or print) mes 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX Months Days WIDOWED T DIVORCED | yrs. 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or fareign country) during most of working life, even if retired) AINIER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (-EDRGIA NNA WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which (b) gove rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II. OTHER SIGNATICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERWING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City ar tawn) (County) (Stote) factory, street, affice bldg., etc.) Haur o.m. While Not while at wark at work p. m 21. I certify that (I) (this hospital) attended the deceased from. that (1) (we) last saw the deceased alive an lo and that death accurred at LEM, from the causes and an the date stated above. 220. SKINATURE 22b. DATE ATTENDING PHYS. MED. STAFF PHYS. M.D. 22c PHYSICIAMS 22d. ADDRESS 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMEDERY OR CREMATORY 23d. LOCATION (City, town, or county BEMOVAL (Specify wha 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR'S SIGNATURE DATEJUN 2 2 '61 Orlhun & Kraus 15M 9/59

4.0 = 2.4 MAN. TOS-TAINTER TO ELECTION SHIPE STANDARD MD I WIS A. ANTHINA + BURROWS GROVENAL STEKER and the state of the College of former than

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERT	IFIC	ΔTF	OF	DE	ATH

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D. COUNTY	21 RAT	MARY		USUAL RESIDENCE (Who. STATE	b.	f institution: Resid	lence befare adm	nissian)
h CITY OF TOWN	(If outside corporate limits,	write c. LENGTH OF STAY I	INI II	c. CITY OR TOWN (If o		write PUPAL OF	rehester	nwn l
RURAL and give r	nearest town) EAS 4	1 22 hrs 3			alsburg -		09 X - 1	2
d. NAME OF HOSP	ITAL (If not in hospital, give			d. STREET ADDRESS			e. IS F	RESIDENCE
OR INSTITUTION	Manual 1	Hospital		River	Road			A FARM?
NAME OF DECEASED (Type or print)	Willi	am Henry	/	Clark	4. DATE OF DEATH	June	20 20	Yeor 19 6
. sex Male	779-24-	MARRIED NEVER MARRIE		ne 19, 1863	lort h	irthday) Month		rs Min.
during mast of wa	ON (Give kind of work dor rking life, even if retired) armer and Car	ne 10b. KIND OF BUSINESS OF	R INDUSTRY	Sweaburg,			J.S.A.	TCOUNTRY
3. FATHER'S NAME			14	. MOTHER'S MAIDEN N	IAME	100		
Charles	L. Clark			Mary Ann	Long			
5. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FORCE (If yes, give wor or dates of servi	S? 16. SOCIAL SECURITY NO.		MANT Harold Cla	rk. Federa	Address	Md., R.	F.D.
Conditions, if gove rise to cause (a), stating tying couse lost	immediate the under DUE TO (c)	Pueue here here here here here here here	e- /	TRELATED TO THE TERMI			PER	
	G CAUSE OF DEATH	Db. DESCRIBE HOW INJURY OC		nter nature of injury in f			(County)	(Stote
20c. TIME OF INJU Haur a. m. p. m.		White Not while at work at work		street, office bldg., etc.			(County)	(51016
saw the deced	2-	attended the deceased Russ 1961, and	0 6	h accurred at	M, fram the ca		he date state	ed abave
22c. PHYSICIAN'S	usken He	wison	M.D.	ATTENDING MI PHYS. DI	ED. STAFI		22/	22b. DATE SIGNE
NAME (Type)	HORSTON	MARRISON		Cashes	- Keary	land	-	
23a. BURIAL, CREMATI REMOVAL (Specify Burial	ON. 23b. DATE THEREOF	23c. NAME OF CEME			23d. LOCATION (CI	3.6	ryland (S	itote)
24. FUNERAL DIRECTO	R'S SIGNATURE	~ Federalst	ula	250. REC'		25b. REGISTRAR'S	SIGNATURE S. Frank	

VR A1S (4) 1SM 9/59

7.77 CHARLES IN COLUMN All the true trace to the true Market Contract to Contract Sect College Contract College THE RESERVE AND ASSESSMENT OF THE PERSON OF

urs ofter death. Page 4 tann by the funeral directar, I and 2 shauld be filed with hed by the haspital ar attending physician.

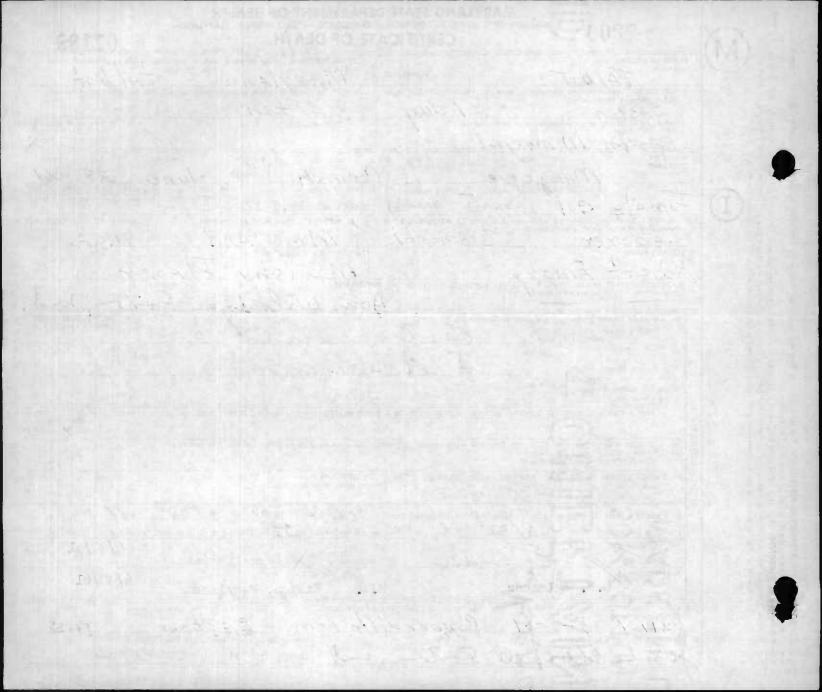
• FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filter page 3 shauld be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages the State Board of Health priar to buriol, crematian, ar remaval, and in any event, within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

7200

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	CERTIFICATE OF DEATH 07189									
	PLACE OF DEATH C. COUNTY TA/boT	MARYLAND	2. USUAL RESIDENCE (Who	1	If institution: Residence	before admiss	sion)			
	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limit	s, write RURAL and gi	ive nearest town	1)			
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION REMORTE	oddress)	d. STREET ADDRESS				SIDENCE FARM?			
	NAME OF DECEASED Type or print) MAR L'ORIE	OP.	Coenish	4. DATE OF DEATH	Month	28	Year 1961			
5.	6. COLOR OR ACE 7. MARR		B. DATE OF BIRTH August 19,1	9. AGE (lost b) 912 48	(In years IF UNDER I mirthdoy) Manths I	Doys Hours	Min.			
100	USUAL OCCUPATION (Give kind of work done 10b. during most af warking life, even if retired)	KIND OF BUSINESS OR INDU Domestic	STRY 11. BIRTHPLACE (Stote	or foreign country)	12.CITIZ	EN OF WHAT	OUNTRY?			
1	Robert Emory		14. MOTHER'S MAIDEN'N	by I	lamer					
TS. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. no, or unknown) (If yes, give wor or dates of Aervice)	SOCIAL SECURITY NO.	oris wil	Line 2	Address Co-to	, h	1			
	1B. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY:	ne far (a), (b), ond (c).]		1		INTERVAL BE				
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	School	Lenna							
ICATION	PART II. OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDI	TION GIVEN IN PART	PERFC	AUTOPSY ORMED?			
CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED, (Enter noture af injury in F	art I ar Part II of iter	m 18.)					
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. It Hour o. m. 19 While at war	Nat while fo	LACE OF INJURY (Home, form, actory, street, affice bldg., etc.	20f. (City ar tawn)	(Co	ounty)	(Stote)			
	21. I certify that (1) (this haspital) attends saw the deceased alive on 6/2.		October 19 death occurred at 5 p.	60, to 6/ M, fram the car		that (1) (
	220. SIGNATURE	rder		ED. STAFF	6	/30/6122	b. DATE SIGNED			
	NAME (Type) L.W. Eglseder	N	22d. ADDRESS Easton	, Maryland	6/	30/61				
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OF	LE CEMA	23d. LOCATION (Cit	on	(Sto	te)			
24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS FO-TO-	DATEUL	by REGISTRAR 2	Callun S. H					

TO FUNERAL VR A15 (4) 15M 9/59



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1	72	201		CERTIF	ICATI	OF DEATH			071	190	
7.	PLACE OF DEATH	TALBOT	-	MARY		usual RESIDENCE (WH		If institution: COUNTY	Residence befo		
	b. CITY OR TOWN (If RURAL and give nec	outside corporate limitarest tawn)	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If a			- / 1	arest town)	
_	A NAME OF HOSPITA	VASTO	n/.	15 Mas 5	mon.		ralsburg	- Fullsi	- 0	5 X-	- 1
	d. NAME OF HOSPITA OR INSTITUTION	Memoria	L street o	Hospital	2	d. STREET ADDRESS	ver Road			e. IS RESIDENC ON A FARM YES NO	5
	NAME OF DECEASED (Type or print)	Nell	ie	Middle Letica		Dickerson	4. DATE OF DEATH	Month	2:	Yeor 19 6	.1
	Female	6. COLOR OR RACE	WIDOWE		D	June 22, 18	33 ^{last} 7	1 1 1 1	Nonths Days	Haurs Mir	n.
	Housewor	ng life, even if retired)	lone 10b. k	Home		ederals	ourg, Mar	yland	U.S.	· A ·	RY?
13.	FATHER'S NAME	De a			52	4. MOTHER'S MAIDEN N					
_		Dickerson			To a second	Elizabeth	Chambers				
	WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give war or dates of se	ervice)	OCIAL SECURITY NO			G 00 7	Address			
_	0	TH [Enter anly ane ca		nknown		y E. Franci	s, Suffol	k, vire		ERVAL BETWEEN	
7	Conditions, if an gove rise to imcause (o), stating to lying couse lost.	he <u>under-</u> DUE TO				ary a	w				
CERTIFICATION	111111111111111111111111111111111111111					OT RELATED TO THE TERMI			I IN PART 1(o)	PERFORMED?	,
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DESC	KIBE HOW INJURY OF	CCURRED. (Enter noture of injury in I	art I or Port II of	item 18.)			
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Month, Doy, Yeo	While at work	JURY OCCURRED Nat while at work		OF INJURY (Hame, farm y, street, office bldg., etc		vn)	(County)	(Sto	ote)
	21. I certify the saw the degrass 22a. SIGNATURE	11111	dender de la	ed the deceded	1	th accurred at	M, fram the control of the control o	causes and		nat (I) (we) lo e stated above 22b. DATE SIGN	ve.
	22c. PHYSICIAN'S NAME (Type)	F. C. T.	7.5	chmi	alt	22d ADDRESS LZ 5/4	11/1	Yesy	18/2		_
230	BURIAL, CREMATION REMOVAL (Specify) Burial	June 27,	1961	Federal			Federa	, .	Maryla	nd (Stote)	
24.	FUNERAL DIRECTOR'S	SIGNATURE Son	Fe	ADDRESS	m. 1	DATE ALL	BY REGISTRAR		AR'S SIGNATU		

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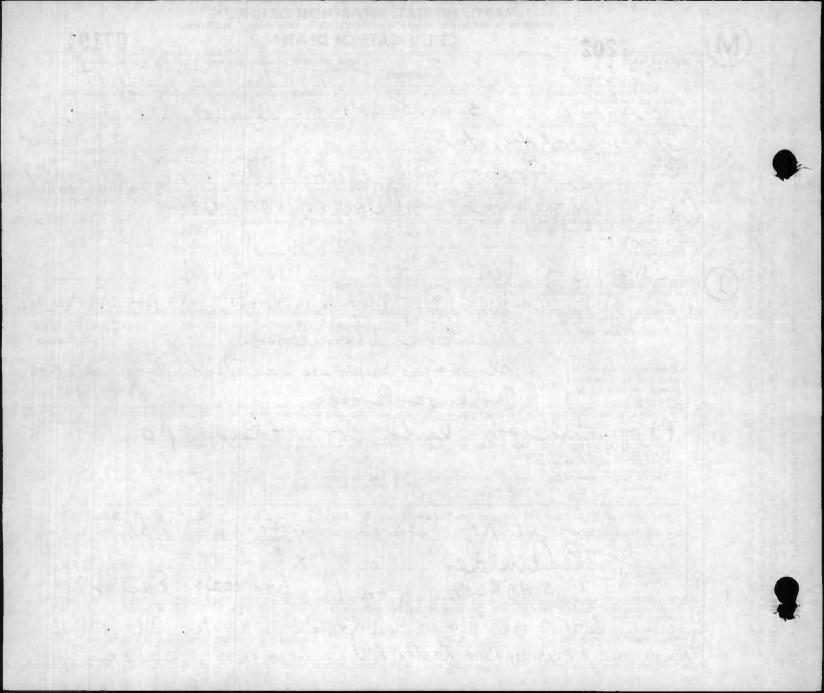
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISI AORE 1, MARYLAND

UN	Ur	STATISTICAL	KESEARCH	AND	KECOK	D2 —	- RALIIV
		CEI	RTIFIC	ATE	OF	DE	ATH

07191

	7202	CERTI	FICATE OF DEAT	i H	07191
/	1. PLACE OF DEATH o. COUNTY FOLLOW	MAR	2. USUAL RESIDENCE o. STATE	(Where deceased lived. If institution: b. COUNTY	Residence before admission)
	b. CITY OR TOWN (If outside corporate RURAL and give nearest town)	te limits, write c. LENGTH OF STA	STREET A) Par	(Ill outside corporate limits, write RUR	AL and give nearest town)
0	d. NAME OF HOSPITAL (IF not in hospi OR INSTITUTION	itat, give street oddress)	d. STREET ADDRES	5	e. TS RESIDENCE ON A FARM? YES NO P
	3. NAME OF DECEASED (Type or print)	Figora And	lle Last.	4. DATE Month OF DEATH	Day Yeor 196/
	S. SEX 6. COLOR OR R. (1) into	RACE 7. MARRIED NEVER MARI	_ 4 / /	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of v during most of working life, even if re	work done 10b. KIND OF BUSINESS	OR INDUSTRY 11. BIRTHPLACE (S	1000 12	12. CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME	Distin	14. MOTHER'S MAID	EN NAME	
	1S. WAS DECEASED EVER IN U. S. ARMED (Yes, no, or unknown) (If yes, give war or dol		10. 17. INFORMANT	Agrant RE	I Forton Mc
	18. CAUSE OF DEATH [Enter only o	one couse per line for (o), (b), and (c		Darret 1 Marie	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (o), stating the <u>underlying</u> couse lost.	UE TO (b) Blokage (c) Orlenos	e Superior cleroses	mesentencarl	20km 20km
)	Pt ope all	upon li	OCCURRED. When noture of injury	erminal disease CONDITION GIVEN y in Port I or Port II of item 18.)	N IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Month, Doy, Hour o. m. p. m.	, Year 20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY (Home, foctory, street, office bldg.	form, , etc.) 20f. (City or town)	(County) (State)
	21. 1 certify that (I) (this has saw the deceased alive an_	1/10/11	d from 6-10	42	on the dote stated obave.
	220. SIGNATURE	ambler.	M.D. ATTENDING PHYS.	MED. STAFF PHYS.	6/12/6/ SIGNED
		3. AMBLER	md. 22d. ADDRESS	BOX 1025 E	aston Ma
	230. BURIAL, CREMATION, 23b. DATE THE REMOVAL (Specify)	2,1961 2pring	HILL CEMETER	23d. LOCATION (City, town, or	Maryland.
	Mouria E. Kel	Mamy Son East	15. VIA		RAR'S SIGNATURE

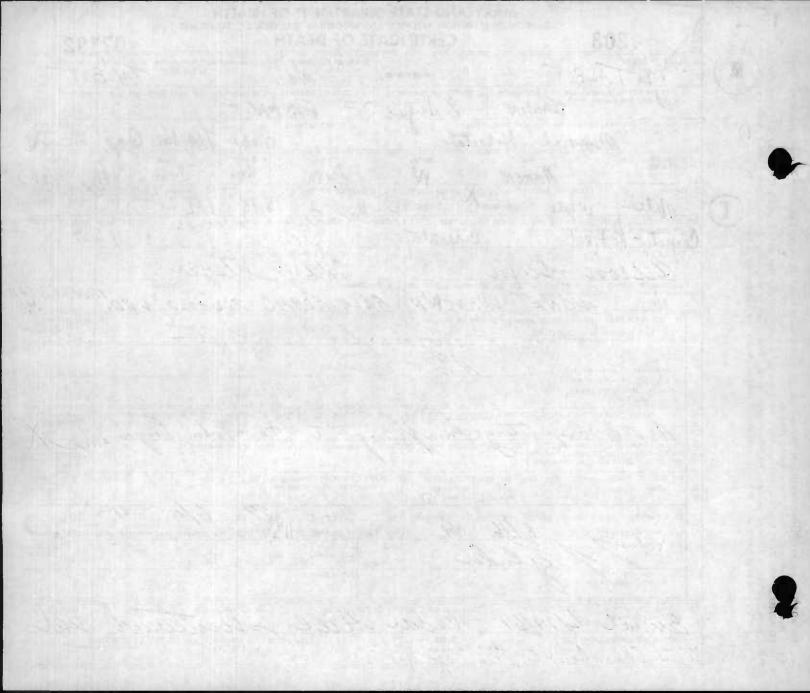


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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	720)3		CERTIFIC	ATE OF D	EATH			07192
1.	PLACE OF DEATH	ALBOT		MARYLANI	O STATE	DENCE (Where dece	eased lived. If ins b. COU		nce before odmission) 4-BOT
	b. CITY OR TOWN (I RURAL and give no	If outside corporate limearest tawn)	its, write c. LI	ENGTH OF STAY IN 11	c. CITY OR	TOWN (If autside of	orporate limits, wr	ite RURAL and	give nearest town)
	d. NAME OF HOSPIT OR INSTITUTION	Memorial	give street oddre	tel f	d. STREET A	ADDRESS GAL	le TRAi	In G.	e. IS RESIDENCE ON A FARM? YES NO NO
3.	NAME OF DECEASED (Type or print)	n	rst PON	Middle	Dur	OF	7	Month 41C	Doy Yeor 16 1961
	Male	6. COLOR OR RACE	WIDOWED	DIVORCED	Dec ?	2 1898	40	eors IF UNDE dy) Months	R 1 YEAR F UNDER 24 HRS Days Hours Min.
Ľ	arjenter Re	ON (Give kind of work king life, eyen if retired TIREA —	done 10b. KIND	OF BUSINESS OR IN	16	MAN.	gn country)	12.CI1	U.S. A.
	Gare	n De	cen	- 1	2010	S MAIDEN NAME	Heyer	-	
15. (Ye		R IN U. S. ARMED FO (If yes, give war or dates of		AL SECURITY NO. 17	ARLO A	DAMS	206 401	Address DENA	D. INDIAN HE
	CONTRACTOR OF THE PARTY OF THE	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE ((a), (b), and (c).]	undent	1 In	anche	~	INTERVAL BETWEEN ONSET AND DEATH
	420 Conditions, if a			1500	10	8			
	gave rise to i cause (a), stating lying cause lost.	the under-	c)						
CERTIFICATION	200. ACCIDENT WA	- Regni	alers (Changle Charles	ing 202	TONT O	+ Pulm.	tonge	RT 1(a) 19. WAS AUTOPSY PERFORMED YES NO
MEDICAL C	20c. TIME OF INJUR Hour o. m. p. m.		While	Y OCCURRED 20e. Nat while of work	PLACE OF INJURY factory, street, office		(City or tawn)		(Caunty) (State
	21. I certify that saw the decease	at (1) (this haspita	1) attended t	. (1		1140			that (1) (we) last the date stated above.
	22a. SIGNATURE	1. 3	lude		M.D. ATTENDIN	DIRECTOR	STAFF PHYS.		22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	10			22d. ADDR	ESS			
23	BURIAL, CREMATIC REMOVAL (Specify)		OF 23c	NAME OF CEMETER	OR CREMATORY	23d. 10	CATION (City, to	am	d rud
24	FUNERAL DIRECTOR	s SIGNATURE	1400 7 Jas	ADDRESS Stranger	et	DATE JUN	GISTRAR 2Sb.	REGISTRAR'S S	IGNATURE .

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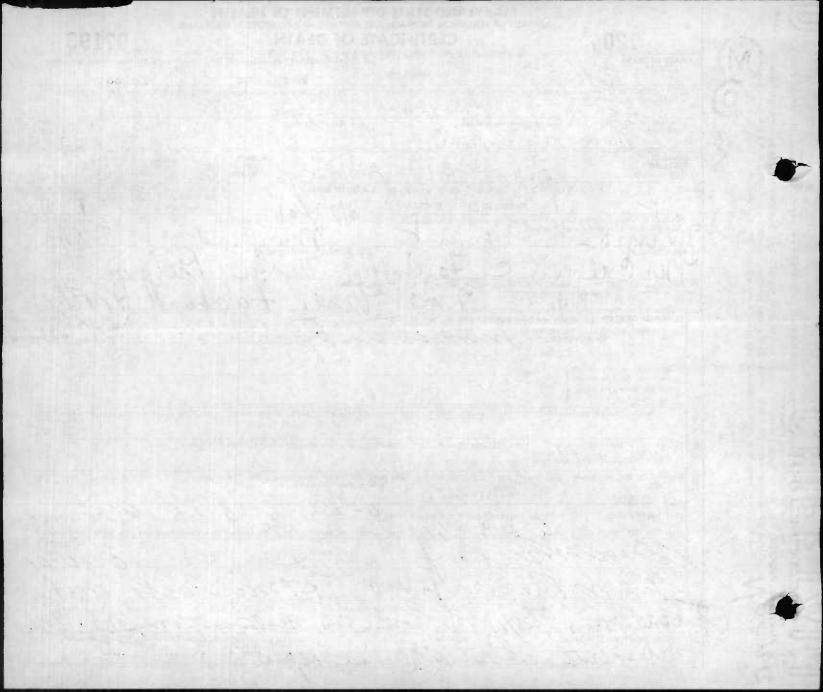
shaurs after deoth. Page 4 retained by the hospital or afternating physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director page 3 should be detached far use as the burial-transit permit. Then please remave carban pages 1 and 2 should be filed with the State Boord at Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within? VR A1S (4) 1SM 9/S9

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MADVIAND STATE DEDADTMENT OF HEALTH

DIVISION OF STATISTICAL RESE	ARCH AND RECORDS — BALTI	MORE 1, MARYLAND	
7204 CERTI	FICATE OF DEATH	14.3	7193
1. PLACE OF DEATH o. COUNTY	O STATE	here deceased lived. If institution: Residen	ice before admission)
70/bot MAI		land b. COUNTY Tal	bot
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	Y IN 16 c. CITY OR TOWN (If o	outside carporate limits, write RURAL and	give nearest town)
Easton /w 42	men Wittman		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Memorial Hospital			YES NO
3. NAME OF DECEASED Midd	le Lost	4. DATE Month	Day Yeor
(Type or print) Baby 91R1	Jairbank,	DEATH JUNE	23 19 6/
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARI DIVORC	7 1	lost birthday) Manths	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS)	(0) 1 37 (4)	or fareign country) 12.CIT	IZEN OF WHAT COUNTRY?
during most of working life, even if retired)	Mari		7181
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	VAMA (9011
Min Calalia & tous	Land The	Dr. Morar	h
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N	O. 17. INFORMANT	Address	12 +1
(If yes, no, or unknown) (If yes, any war or dates of service)	e Tipla	tarbank !	Mother
18. CAUSE OF DEATH [Enter only one couse parline for (a), (b), and (c	17		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	leenby		1 by 42 km
776 X DUE TO			
Conditions, if any, which) (b)			
gave rise to immediate couse (a), stating the under-			
lying cause last. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN PAR	PERFORMED?
<u></u>			YES NO
20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY CAUSE OF DEATH 20c. The strength of the strength	OCCURRED. (Enter nature of injury in	Part I or Part II of stem 18.)	
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED	20e. PLACE OF INJURY IHame, form		Caunty) (State
ZOC. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while at work 19 at work 10 at work 19	factory, street, office bldg., etc	2-)	
21. 1 certify that (1) (this haspital) attended the decease	d fram 6-23 18	61.16-23 6	L, that (I) (we) last
	104	M, fram the causes and an the	
220. SIGNATURE			22b. DATE
11 merry		IRECTOR PHYS.	1-26-61
22c. PHYSICIANS TAME (Type)	22d. ADDRESS	me: P. O.	11-0
+ my me were	Will Aga	munaey	ma
30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CE	METERY OR CREMATORY	23d LOCATION (City, town, or county)	n. O Sign
meneration /28/61 hem	onal Hospital	TO DE DECISEDAD DE DECISEDADE SI	CALASTICE AS
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC	D BY REGISTRAR, 6 256. REGISTRAR, S. S.	MINATIONE
murchan owan,	Consul HARPEL		
2080211XVO			



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

AMA OF

166	60		CERTIFIC	ALE OF DE	AIH			(1113	外任
1. PLACE OF DEATH	pot		MARYLANI	Trans A Te			COUNTY	n: Residence n Ann		mission)
b. CITY OR TOWN RURAL and give	(If outside corporate limi	ts, write c. LEN	IGTH OF STAY IN 11	c. CITY OR TO	OWN (If outsi	ide corporote lin	nits, write RU	RAL and giv	ve nearest t	own)
LAST			45 days	Rural	L Cent	trevil	le	17	X- 2	
d. NAME OF HOSP OR INSTITUTION) //	spital)	d. STREET AC	DDRESS				OI	RESIDENC N A FARM
B. NAME OF DECEASED (Type or print)	MK	y	Middle	Fost	ter "	DATE OF DEATH	Tune	,	Day 19	Year 19 6
. SEX	6. COLOR OR RACE	MARRIED A	_			9. AG	E (In years birthdoy)	Months D	YEAR IF UI	NDER 24 H
Fem.	White	WIDOWED	DIVORCED [-1889		72 yrs.			
during most of wo	ON (Give kind of work or rking life, even if retired	done 10b. KIND (12.CITIZE	N OF WHA	AT COUNT
	sewife		Home		ryland				USA	
3. FATHER'S NAME	-h 01-47			14. MOTHER'S			7.7			
	cty Chileu				Tda	R. Cal				
Yes, no, or unknown)	ER IN U. S. ARMED FOR If yes, give war or dates of s	ervice)	and the second second	INFORMANT	~		Addre			
		212-		Mr. Fost	erCe	entrev	lile,	Md.		
	ATH [Enter only one co	use per line for	o), (b), and (c).]	. 1		/		1	INTERVAL ONSET A	BETWEEL ND DEAT
PARI I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Nec	t aracle	corll ru	ulenle	seglo - de	eaune	end	64	the _
Conditions, if	DUE TO	Rufe	tured a	runnyan	1 Ce	role 1	will	2	(3/	
gove rise to couse (o), stoting lying couse lost	the under- DUE TO					0				
PART II. OT	HER SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH E	UT NOT RELATED TO	THE TERMINA	L DISEASE CON	DITION GIVE	N IN PART	I(o) 19. WA	RFORMEQ?
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCUP	RED. (Enter noture of	injury in Port	t I or Port II of	item 1B.)			
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Yes	While _ N	OCCURRED 20e. of while	PLACE OF INJURY (H foctory, street, office	lome, form, : bldg., etc.)	20f. (City or tov	vn)	(Co	unty)	(Sto
21. I certify the	at (I) (this haspital	7/	1 1	death occurred	210	, ta_19	puses and		, that (I	
220. SIGNATURE	is then Ha	Minum		M.D. ATTENDING	MED.	TOR PH	FF _		19 he	22b. DATE
22c. PHYSICIAN'S NAME (Type)	HURSTO	N H	ARRISI N	22d. ADDRES	Carta	us the	ay l	land		
230. BURIAL, CREMATI	ON, 23b. DATE THEREO		NAME OF CEMETERY	or crematory Memorial	23	LOCATION (and	Stote)
24. FUNERAL DIRECTO	R'S SIGNATURE	- Ch	DDRESS He		2So. REC'D B	2 1 '61		TRAR'S SIGN		

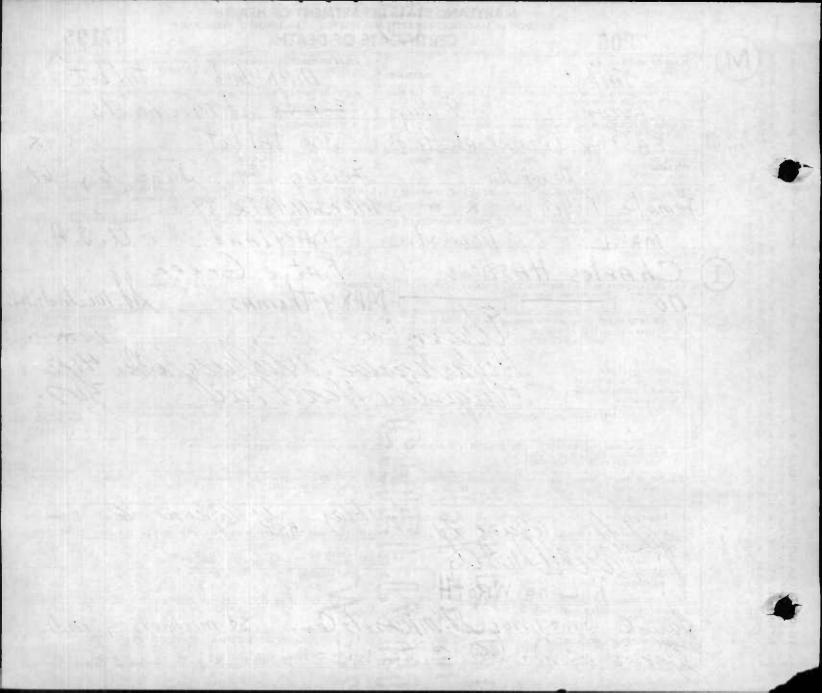
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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-		Birthine	-	V

	7206 CERTIFIC	CATE OF DEATH 073	195
	1. PLACE OF DEATH o. COUNTY TA/bot MARYLAI	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before STATE MARYIAN b. COUNTY TAID	re admission)
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carparate limits, write RURAL and give new	arest town)
)	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION EASTOR MEMORIAL HOSE	300 talbot	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) WENRIETTA Middle	FRISBE 4. DATE OF DEATH JUNE 6	Yeor 196/
	5. SEX FEMALE 16. COLÓR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED [MArch 11, 1872 St birthday) yrs. Manths Days	Haurs Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NDUSTRY 11. BIRTHPLACE State or fareign country) 12. CHTIZEN OI	5. A.
1	13. FATHER'S NAME Charles HASKins	14. MOTHER'S MAIDEN NAME Green	F 51-40
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT THOMAS Address A.M.	ichaels, m.
	18. CAUSE OF DEATH [Enter only one cause per the for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	ou Pintions	ERVAL BETWEEN SET AND DEATH
	Canditions, if ony, which gove rise to immediate couse (o), stoting the <u>under-lying cause last.</u> Canditions, if ony, which gove the course (b), the course (b), the course (b), the course (b), the course (c), the course (io Heard Fail "	347.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	WAS AUTOPSY PERFORMED? YES NO
		JRRED. (Enter nature af injury in Part I ar Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20 Hour o. m. 19 While Not while at wark of wark	e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) (Caunty)	(State)
	21. I certify that (1) (this hospital) attended the deceased from the deceased alive on (2) 1960, and the	om I Mas 1961, to Comment 1961, the ot death occurred of 25M, from the couses and on the date	not (I) (we) lost e stoted obove.
	220 PRICE TURN TURN TURN TURN TURN TURN TURN TURN	M.D. ATTENDING MED. STAFF PHYS. D	22b. DATE SIGNED
	MAME (TYPO) R. LANE WROTH	22d. ADDRESS	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE SULLE JUNE 9, 1961 ST. MIC.	haels Cem. St. michaels,	md.
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SIGNATURE S. Washer Est	DATE SUN 8 '61 Cathy & K	RE



ours after death. Page 4 may examed by the haspital or attending physician. **D FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board af Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

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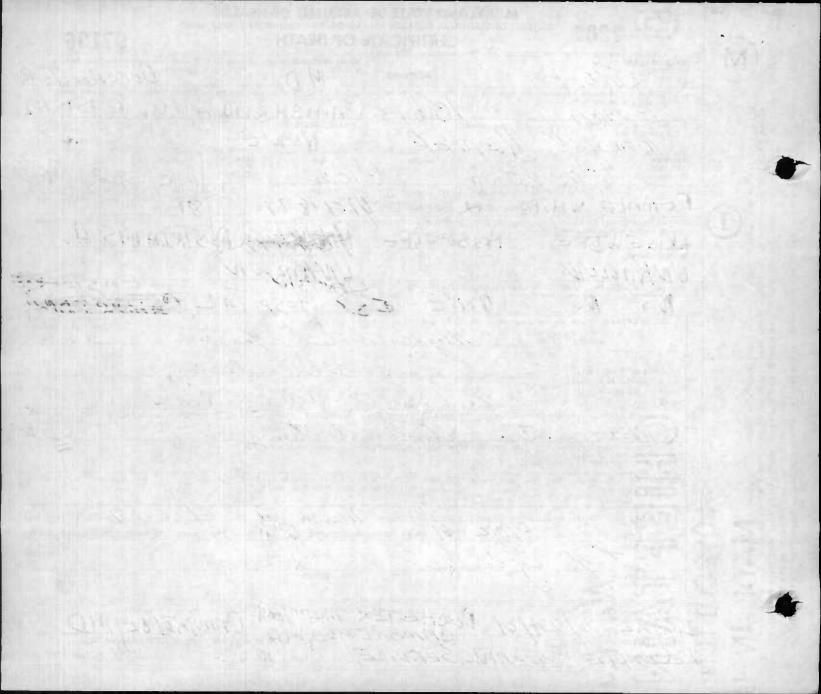
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7207

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

07196

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	o. COUNTY TO 160 + MARYLAND	O. STATE M D B. COUNTY DORCHESTOR
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
21	(E05ton 10045	CAMBRIDGE MA REDAZ
2.	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS ON A FARM?
	Momoral Nospital	YES NO
	3. NAME OF First Middle	. Last 4. DATE Month Day Year
	(Type or print) / RERESIA	SIESE DEATH UNC 22 1961
		B. DATE OF BIRTH 9. CE (In yeors IF UNDER 1 YEAR IT UNDER 24 HRS.
1	CIMALIT WALLITWIDOWED DIVORCED	1/13/18 / 18/1/18.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country)
	HOUSE WITHE HOUSEWING	MH 13 15 1KLH U. J. 17.
	13. EATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANTS TON Address EASTON
	(Yes, no. or unifrown) (If yes, give war or dates of service)	Haca Tal Removed
	103 100 11010 12	INTERNAL PERMISENT
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED 8Y:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o) // Wy ocar	did Infaction auce
	T 20 DUE TO	
	Conditions, if ony, which gove rise to immediate (b)	arley's delines
	couse (a), stating the <u>under-</u> lying couse lost.	al artisinales
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH/BUT	PERFORMED? YES NO Z
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE	D Enter noture of injury in Part or Port II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	3 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or tawn) (County) (Stote)
	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PL	ctory, street, affice bldg., etc.)
	21. 1 certify that (I) (this haspital) attended the deceased fram	March 196/, to 6/22, 196/, that (1) (we) last
	1/22 11	death accurred ale AM, fram the causes and an the date stated abave.
	22o. SIGNATURE	22b. DATE
	1. 1. Caluder	M.D. PHYS. MED. STAFF PHYS. SIGNED
4	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
ŀ		
-	23a. BURIAL, CREMATION. 23b. DAJE THEREOF 23 NAME OF CEMETERY	R CREMATORY TY (State)
	BURIAL 6/24/6/ CAMPA	PRINCE OFFICE POLICE
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
Œ	LECOMPLE TUNERAL DEAVIS	A DATE JUL 3: 67 Cirthun S. Thous



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7208

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07197

	PLACE OF DEATH O. COUNTY	Talbot	MARYLAN	II a STATE	Where deceased lived	d. If institution: Residue. b. COUNTY	dence before admission)
	b. CITY OR TOWN (If our RURAL ond give neares Rural = S			c. CITY OR TOWN (imits, write RURAL or n, Maryl	nd give nearest town)
0	d. NAME OF HOSPITAL (I OP INSTITUTION RIO VIST	If not in hospital, give strue Nursing	Home	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	First HARRY	Middle	HILLEARY	4. DATE OF DEATH	Manth June	Day Yeor 23 19 61
	S. SEX 6.	man	ARRIED NEVER MARRIED [X B. DATE OF BIRTH Sept 14.	1882 9. Ad		DER 1 YEAR IF UNDER 24 HRS. hs Doys Hours Min.
	during mast af warking Ret.	Give kind of work done life, even if retired)	Ob. KIND OF BUSINESS OR IN	ure Ma	ryland	12.0	CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	e W. Hille	erv	14. MOTHER'S MAIDE		Who all am	
	15. WAS DECEASED EVER IN			7. INFORMANT	W. Lewi	Address	Trappe, Md.
The state of the s	PART I. DEATH NIM Conditions, if ony, gave rise ta imme couse (o), stoting the lying couse lost.	WAS CAUSED BY: MEDIATE CAUSE (o) Which ediate under- (c)	CLine for (a), (b), and (c).] EYENVZ CYCVZ//ZE AS CONTRIBUTING TO DEATH	Thrombo Arterios	S/S C/OS/S RMINAL DISEASE COL	ndition given in i	INTERVAL BETWEEN ONSET AND DEATH 5 YV PART I(o) 19. WAS AUTOPSY PERFORMED?
	20g. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MED	DICAL EXAMINER)	DESCRIBE HOW INJURY OCCU				YES NO
	Y 20c. TIME OF INJURY A Hour a. m. p. m.	, WI	d. INJURY OCCURRED 20e lile Not while wark ot wark	 PLACE OF INJURY (Home, f factory, street, office bldg., 		own)	(County) (State)
	saw the deceased	alive an 2,2 /c	anded the deceased from 1964, and the	M.D. PHYS. 22d. ADDRESS	MED ST	Causes and an	the date stated abave. 22b. DATE SIGNED
	23a. BURIAL, CREMATION,	23b. DATE THEREOF 6 - 26-6	230 NAME OF CEMETER	RY ODCREMATORY Cemelery	23d. LOCATION	(City, tawn, ar count	ty) (Stote)
0	24. FUNERAL DIRECTOR'S SI	GNATURE	ADDRESS MUCLA		JUN 2 8 '61	25b. REGISTRAR'S	S. Krus

CONTROL STATES doctal builtable Burel - St. Blonnels 3 mo Ruywil - Sunton, Fowyland CARROLL TO THE THE PARTY OF THE AND Sommer Some Some wanted . Jak A. Lander, A. D. C. C. Condit, Condit, Perform The contract the second of the second

07198

ne 24, 19619 IF UNDER I YEAR IF UNDER 24 HRS. 19619

Easton, Md

INTERVAL BETWEEN
ONSET AND DEATH
OCCUPANT

DATE JUN 2 7 '61

arthur & Krous

19 (that (I) (we) last and an the date stated above.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

e. IS RESIDENCE ON A FARM? YES NO

Yeor

WAS AUTOPSY PERFORMED? YES NO

(State)

	CERTIFICATE OF DEATH							071	98
1	1. PLACE OF DEATH	not.		MARYLAND	2. USUAL RESIDENCE (W		b. COUNTY _		re admission)
A	Tall	If outside corporate limit	t write - LENC	TH OF STAY IN 16	c. CITY OR TOWN (IF		-	albot	
	RURAL and give n	earest town)			c. CITY OR TOWN (IF	outside corporote	limits, write KUKAL	ana give nec	arest town)
	St.	Michaels		months.	29 Easton	n.			
	d. NAME OF HOSPI	TAL (If not in haspital, g	ive street address)		d. STREET ADDRESS				e. IS RESIDE
l	Rio	Vista Nu	rsing Ho	me.	Brook	lets Av	e.		YES N
1	3. NAME OF	Fire	st	Middle	Last	4. DATE	Month	Da	y Yeor
l	(Type or print)	Fra	ances	Morris	Johns	OF DEATH	June	24.	10619
l	5. SEX	6. COLOR OR RACE			B. DATE OF BIRTH	9. A	GE (In years IF UN		IF UNDER 2
l	F.	W.	WIDOWED 2	DIVORCED [Aug. 27.		St birthdoy) Man	ths Doys	Haurs
ŀ	4.				STRY 11. BIRTHPLACE (State			CITIZENO	F WHAT COU
ı	during mast af war	king life, even if retired)							
-	none	•	nous	ekeeper	Wilkes-	Barre,	Penna.	U.S.	•A•
ŀ	13. FATHER'S NAME				14. MOTHER'S MAIDEN				
Į) Dav:	id Morris.	•		Elizabet	th Maso	n		
I	15. WAS DECEASED EVE	ER IN U. S. ARMED FOR		ECURITY NO. 17. IN	IFORMANT		Address		
l	no	(ii) 03, give were or access or a		8-1476	Mrs. C. A	. Kissi	nger. Ea	aston	Md
ŀ	18. CAUSE OF DEA	ATH Enter anly ane ca		77	^		0	INTI	ERVAL BETW
	PART I. DEA	ATH WAS CAUSED BY:	const	Re all	'sd. The	annel	well	ONS	SET AND DE
	222	IMMEDIATE CAUSE (o		1	0-4 1 700	2000		0	day
	334	DUE TO	a. Q.	VITTO.	. 6 0		D		1
1	Canditions, if a		conorda	recruie	secrety	-Vag	ea.		-
ı	cause (a), stating								
l	lying couse lost.	. 10)						
ı	PART II. OT	HER SIGNIFICANT CON	DITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CO	NDITION GIVEN IN	PART 1(a)	19. WAS AUT PERFORM
ı	CAT								YES N
l		AS UNDERLYING	20b. DESCRIBE HO	W INJURY OCCURRE	D. (Enter noture of injury in	Part I or Port II o	f item 1B.)		
ı	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)							
1	TO 20c. TIME OF INJUS	RY Month, Doy, Yes	ar 20d. INJURY OC		ACE OF INJURY (Home, for		own)	(County)	7
1	20c. TIME OF INJUI Hour o. m.	19		WILLIE	ctory, street, affice bldg., et	c.)			
١					11.) /	10/	-2.4	11	-
ı	21. I certify the	at (I) (this haspital) attended the	deceased fram.	4 -0-1	let to le	-14	19 W/th	nat (I) (we
	saw the decea	sed alive an	324 19	and that a	leath accurred at	M, fram the	causes and an	the date	stated a
l	220. SIGNATURE	milh			.======================================			1	22b.D
	/ Muy	My u	exe	Y	M.D. PHYS.	AED. S	TAFF HYS.	4	-26
i	22c. PHYSICIAN'S		7	/ ()	22d. ADDRESS		0 0		1
ı	10000	1 mi	eese	2 3	AT	nich	racks	121	d
1	230. BURIAL, CREMATE	ON, 23b. DATE THEREC)F 23c NU	ME OF CEMETERY O	R CREMATORY	23d LOCATION	(City, town, or cou	enty)	(State)
	REMOVAL (Specify)						De	(310,6)
1	24. FUNERAL DIRECTOR	June 2		Old Rose		BLOO D BY REGISTRAR	msburg 25b. REGISTRAR	'S SIGNATII	DE
41	24, FUNERAULINECTOR	2 MODERACKE	400	UKEJS //	1 230. REC	. U BI KEUISIKAK	ZOD, KEUISI KAK	2 SICHALIO	17.0-

campletely filled in by the funeral directar, papers. Pages I and 2 shauld be filed with OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within remave carban papers. moy revained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and page 3 shauld be detached far use as the burial-transit permit. Then please remove carban page

urs ofter death. Page 4

VR A15 (4) 15M 9/59

STATE OF THE PROPERTY OF THE PARTY. < . SY SEE HOPE LINE . SECTION AND LINES AND responsibility of the state of THE PARTY OF THE P . ET LEGISLAND CON TRANSPORTED TO A SECURE TO A SECURE

MARYLAND STATE DEPARTMENT OF HEALTH IN OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYL

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Denton Zasten d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES T NO T 10 MORIAL NAME OF 4. DATE First Month Day Year DECEASED ATME DEATH (Type or print) 1961 IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 8. DAJE OF BIRTH 9. AGE (In years last birthday) Months DIVORCED [WIDOWED [yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State 12. CITIZEN OF WHAT COUNTRY? during mast of working life; even if retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS PERFORMED? YES NO IX 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) Hour o. m. While Not while at wark at wark p. m 21. I certify that (1) (this haspital) attended the deceased fram.... 19____, that (1) (we) last , and that death accurred a 5:25 M, from the causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE SIGNED ATTENDING PHYS. STAFF PHYS. DIRECTOR [M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Ambler. Easton, Maryland Medical Arts Bldg

230. BURIAL CREMATION, 23b. DATE THEREOF

PEMOVAL (Specify)

JUNE 10, 1961

24 NUNERAL DIRECTOR'S SIGNATURE

ADDRESS

AD

5+. Poul Neur 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG

23d. LOCATION

DATELLA

25b. REGISTRAR'S SIGNATURE

(City, town, or county)

VR A15 (4) 15M 9/59

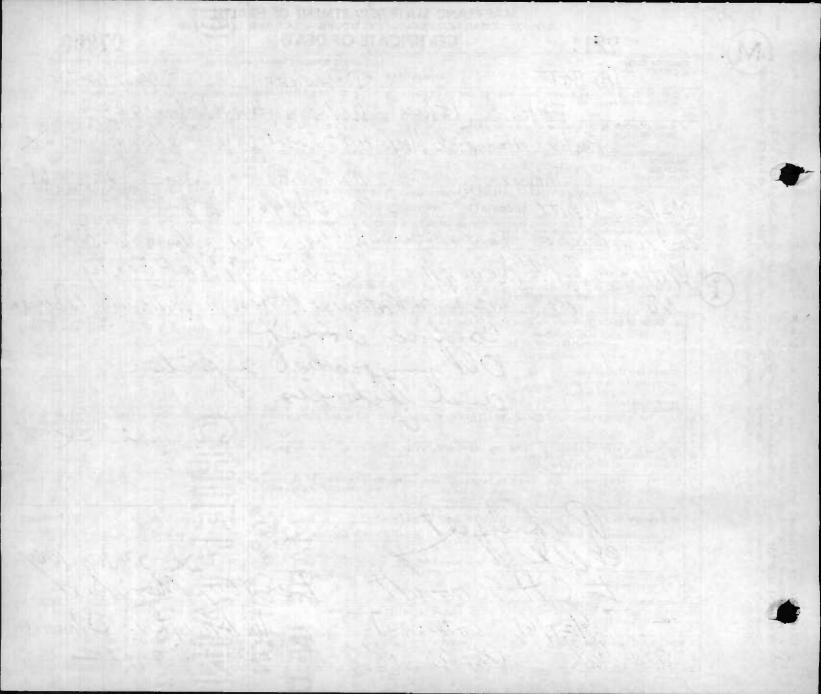
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	MAKTLAND	DIAIEDI	PAKIME	AI OL UE	ALIH
IVISIO	N OF STATISTICAL	RESEARCH AN	ID RECORDS -	- BALTIMORE	1, MARYLAND
	CFI	RTIFICAT	F OF DE	ATH	

	7211 CERTIFICATE OF DEATH				07200		
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where		Residence before admission)		
	O. COUNTY TALBOT	MARYLAND	DelAWARE.		Lew Castle.		
	b. CITY OR TOWN (If outside corporate limits, write c RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsi	de corporate limite write RUR			
	EASTON	15 mu.	WININGT	3 N- 3 /21 44	46X.3		
	d. NAME OF HOSPITAL (If not in hospital, give street ode OR INSTITUTION As to Meno	dress) or ial Hosp.	113 Sunset	DRIVE-Dela	ON A FARM? YES NO		
3.	NAME OF First	Middle	Last 4.	DATE Manth	Day Year		
	DECEASED (Type or print) JAmes		Mc Keoug A.	DEATH THE	23 1961		
S.		NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.		
1	MALE WIDOWED WIDOWED	DIVORCED	3/10/140	lost birthdoy) N	onths Doys Hours Min.		
100	. USUAL OCCUPATION (Give kind of wark dane 10b. KII	ND OF BUSINESS OR INDU	STRY 1. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
2	aduring most of working life, even, if retired)	STAMMATS BANK	DIWIMAT	to H. Welnung	11.00		
13.	FATHER'S NAME	1.	14. MOTHER'S MAIDEN NAM	MCC. F	T +.		
		ough.	JANE /1	11 64-1	TRIY.		
IS.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC s. no. or up frown) (If yes, give wor or dates of service)	CIAL SECURITY NO. 17.1	NFORMANT WICK	Address	1' 11/10		
	NO 112	-901-2147KA	TDERINE-1/1	eough . Will	TING ON : 4 D/ NUM		
	1B. CAUSE OF DEATH [Enter only one cause per line	for (o), (b), and (c).]	a hoe of the		ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	nogac	aria,				
	420.1 DUE TO	01	all all	1. 1			
	Conditions, if any, which) (b)	let my	regioner.	mercile	1		
	gove rise to immediate cause (o), stating the under-	0.111	Taris				
_	lying cause lost. (c)	nor you	water.				
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN	IN PART 1(o) 19. WAS AUTOPSY PERFORMED?		
CERTIFI	20₀. ACCIDENT WAS UNDERLYING ☐ 20₺. DESCR OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port	I or Part II of item 18.)			
AL O		LINY OCCUPATO 200 BI	ACE OF INJURY (Home, farm,	206 (Cibe on town)	(County) (State)		
MEDIC	Haur a.m. While	Not while fa	ctory, street, office bldg., etc.)	zor. (City of lowil)	(County) (Stote)		
×	p. m. 19 of work [of work					
	21. I certify that (1) (this hospital) attended	116	A 20.		, 19, that (I) (we) last		
	saw the deceased alive do	and that	death accurred at DM	, fram the causes and	an the date stated above.		
	Ellysoll	mil	M.D. PHYS. MED.	TOR STAFF	23 June 1909		
	22c. PHYSICIAN'S NAME (Type) E-C-H-SC	hmid	22d. ADDRESS	ton, Ma	rykird		
23		23c. NAME OF CEMETERY G	AR CREMATORY 23	d. LOCATION (City, town, or	county) (State)		
	(27/6/	CHTHEORA	1- /	1/ MINGTER	V. Je/Aunge.		
24	FUNERAL DIRECTOR SIGNATURE	ADDRESS	2So. REC'D B	0 7 104	AR'S SIGNATURE		
1	Well DUX	retor "	DATE JU	N 27'61 a	Thur S. Kines		



7212

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07201

1	1. PLACE OF DEATH	Trem 9 TITE O	2. USUAL RESIDENCE (Where deceased lived	
	o. COUNTY	MARYLAND	MAR L. LAND	b. COUNTY TALS A
	b. CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate li	imits, write RURAL and give nearest town)
	RURAL and give nearest town)	27 days	F. ASTANI	
	d. NAME OF HOSPITAL (If not in hospital, give street	address)	d. STREET ADDRESS	e. IS RESIDENCE
(OR INSTITUTION Memorial Hos		I WindER Pa	ON A FARM? YES NO NO
		Middle	Last 4. DATE	
	3. NAME OF DECEASED (Type or print)	Middle	DE DEATH	Month Day Year 9 1961
	TENT	7	111 - 144	
			B. DATE OF BIRTH 9. AC	st birthdoy) Manths Days Hours Min.
	m widow		180, 30,181268	V yrs.
	10a. USUAL OCCUPATION (Give kind of work done 10b during most of warking life, even if retired)	. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or fareign country	12. CITIZEN OF WHAT COUNTRY?
	M.D.	Psychiatrist	Michigan	USA
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	7 .
-	GEORGE H. ME.	Ad	HELEN C.	45+LE
-	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. INI	FORMANT	Addres **Winder Point*
	(Yes. no, or unknown) YES (If yes, give war or dates of service)	ukn. Mrs	s. Ellen Wassall M	Mead, Easton, Md.
	18. CAUSE OF DEATH [Enter anly one cause per I	ine for (o), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	VANDAD.	SANCAMA	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	7/1/1/10	1000000	
	DUE TO	1 to Notoria	himban iti	
	Canditions, if any, which gove rise to immediate (b)	217501716	14/7/10/4/10	
	cause (a), stating the under-		1 Bulk pin	17.
	lying couse lost. (c)		Le UP EIII	
		CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	ICATI			YES NO
	OR CONTRIBUTING TO CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED	. (Enter noture af injury in Port I ar Port II of	item 18.)
		f and	CE OF INJURY (Hame, form, 20f. (City or to	wn) (Caunty) (State)
	Hour a.m. ye hour a.m. p. m. 19 at wa	Not while	tory, street, affice bldg., etc.)	
	21. I certify that (1) (this hospital) effen-	^	10 4-	10 4b-4 (1) (
	11.12 1 1			
	saw the deceased asve of	and that de	eath accurred arM, from the	causes and an the date stated above.
	eeloffell			AFF 4 / INTE GONEY
	22c. PHYSICIAN'S	0 . 21	22d. APDRESS	
	NAME (Type)	Mond	F2:5707.	Maryland.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 224 ICCATION	(City, tawn, ar caunty) (State)
	REMOVAL (Specify)			
	Cremation 6/5/61	Fort Lincoli		nsburg, Maryland
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D 8Y REGISTRAR	2Sb. REGISTRAR'S SIGNATURE
6	Ill . TA arend and last of	EACTON M	D. DATE JUN 8 '61	Cothur & House

TO VR A1S (4) 1SM 9/59

THE STATE OF THE S nelle in a propositioner. THE RESIDENCE OF THE PARTY OF T warden mounter o . Di la crear de la la company de la la company de la comp ESENTIONS WHITE STORY Kaeltist judgametels tyruwuratatoolijusti 12/3/3 mettera

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CER	RTIF	ICA	TE	OF	DE	ATH	

	07202				
1. PLACE OF o. COUNT	TALBOT	MARYLAND	2. USUAL RESIDENCE (Where deco. SMTE	eased lived. If institution Reside	ence before admission)
b. CITY OF RURAL o	TOWN (If outside corporate limits, write and give neorest tawn)	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (If outside of	corporate limits, write RURAL and	give nearest town)
d. NAME (OR INS	OF HOSPITAL (If not in hospital, give stre	Hospital.	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or pr	int) Thomas	Middle Turpin	Mitchell 4. DA	ATH June	17, 19 6,
S. SEX	White WIDO	WED DIVORCED	B. DATE OF BIRTH Way 28-1907	last birthday) Manths	R 1 YEAR IF UNDER 24 HRS Days Haurs Min.
during m	CCUPATION (Give kind of work done 10 af warking life, even if refired)	Farm awar	Onentern	gn country) 12.CI	TIZEN OF WHAT COUNTRY
13. FATHER'S	Lurpin Me	tohell	14. MOTHER'S MAIDEN NAME	elby	
15. WAS DEC (Yes, no. or unkn	EASED EVER IV U. S. ARMED FORCES? Own) (If Jes., give wor or dates of service)	6. SOCIAL SECURITY NO. 17. IN	or artie Glegabets	1 Mitakell Ex	therell his
	SE OF DEATH [Enter only one couse per ART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), and (c).]	La Clation		INTERVAL BETWEEN ONSET AND DEATH SURGEL =
	Or/ DUE TO ons, if ony, which (b)	degocardial	"interetion		1kr.
cause (a), stating the <u>under-</u> use lost. (c)	allerache	tic enouncy t	lune boris	16.
CERTIFICATION (IL EILHEI	ART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	IDENT WAS UNDERLYING 206. D RIBUTING CAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I o	r Part II of item 18.)	
	r o.m. Whi	for	ACE OF INJURY (Home, form, 20f. ctory, street, office bldg., etc.)	(City or town)	(Caunty) (Stote
	rtify that (1) (this hospital) atte	. 1/	1035	to 17 franc 19	that (I) (we) las
22a. SIGI	Mensten Starres		M.D. ATTENDING MED.	STAFF PHYS.	17 June Elmel
22c. PHYS	GICIAN'S THU RSTON	HARRISON	22d. ADDRESS	May land	
23a. BURIAL,	CREMATION, 23b. DATE THEREOF L (Specify) Lla Vo-196	23c. NAME OF CEMETERY OF	R CREMATORY 23d. LO	CATION (City, lown, or county	the Med
24. FUNERAL	OFREGOR'S SIGNATURE BURNES	ADDRESS OF ADDRESS	Laurence DATE JUN 2	- 144	SIGNATURE J. Kraus

Justine W. Thermore 708417 Enskil I Tree Some P3 & Better 22 le Marie Revenue The see of the state of the state of TAXIBEL FORESHING GUIDING THE 80

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

H

	DIVISION OF STATISTICAL RESEARCH AND RECORDS — DE
7214	CERTIFICATE OF DEAT

07203

1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceded		esidence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RE-			Talbot	
RURAL and give nearest town)	091.	X OT M:		and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION MEMORIAL HOS	pitul	d. STREET ADDRESS	iestnut S	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Middle	ORR 4. DAT	A B	23 1961
5. SEX F 6. COLOR OR RACE 7. MARRI WIDOWE	3 /	B. DATE OF BIRTH 10/9/1890		INDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done 10b. 1 during most of working life, even if refired)	U.S. CTOVT.	New YORK	n country)	2. CITIZEN OF WHAT COUNTRY? $\mathcal{U} S \mathcal{A}$
13. FATHER'S NAME JOHN LOUIS M	iller	14. MOTHER'S MAIDEN NAME	obbins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. II	NFORMANT PLANS	Address	i Doel. me
18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e for (o), (b) and (c).]	a seve	·	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which	mocarc	inomoto	ris .	
gove rise to immediate cause (a), stating the <u>under-lying couse lost.</u> DUE TO (c)	Kenera	beid		
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOTARELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN II	N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part I ar	Part II of item 1B.)	
Oc. TIME OF INJURY Manth, Day, Year 20d. IN Haur a. m. While of work	Not while for	ACE OF INJURY (Home, farm, 20f. (ctary, street, affice bldg., etc.)	City or town)	(County) (State)
21. I certify that (I) (this hospital) attends saw the deceased alive an 2		244	the causes and o	1964 that (I) (we) last n the date stated abave.
220. SIGNATORE	20 . 1	M.D. ATTENDING MED. PHYS. MED. DIRECTOR		a La SIGNED
222. PHYSICIAN'S MARETYPHY MR	eerlers	22d. ADDRESS	Rack	und.
23a. BURIAL, CREMATION, 23b. DATE THEREOF DEMOVAL (Specify) 6-27-61	23c. NAME OF CEMETRY C	Cemeter &	Micha	unty) (State) and
24. FUNERAL DIRECTOR'S SIGNATURE	of mich	LIST DATEUR 2 9		R'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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CERTIFIC	·AIE		UEA	

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1. PLACE OF DEATH O. COUNTY TG/hof MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Captille Captille	e before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give pagrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ve nearest town)
E45Ton 3 days	American Cornerrurs	1 15X-2
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Memory of Rial Hespital	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle DCCEASED (Type or print) DC hh DG 4 719 F	od Patchett DEATH June	Day Year 13 19 61
	lost birthdoy) Months	
	Mug. 14, 1000 /2 yrs.	
during most of working life, even if retired) retired farmer and carpenter	S. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year) IF UNDER 17EAR IF UNDER 24 HAS WRITE WIDOWED DIVORCED Aug. I4. I888 1888 IF UNDER 17EAR IF UNDER 24 HAS Months Days Data Months Days Data Da	
13. FATHER'S NAME	d. STREET ADDRESS Color C	
Rebert C. Patchett	Georgianna Boyles	
	IFORMANT Address	444
	mes C. Patchett Baltime	re, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	xiYs	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate (b) Tyd sonephs	rosis & trydso usetes	
couse (a), stoting the under- DUE TO CONTROL OF CONTROL	bstsuction	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
	D. (Enter noture of injury in Port I or Port II of item 18.)	
Hour a.m. While Not while foo		ounty) (State
21. I certify that (I) (this haspital) attended the deceased fram.	200	
22a. SIGNATOR III	ATTENDING MED STAFF ///.	
22c. PHYSICIAN'S NAME (Type) FC-H-Schmidt	D25/01, M24/0	ndi
- REMOVAL (Specify)		(Stote)
24-EUNERAL DIRECTOR'S SIGNATURE ADDRESS		NATURE
of works to several of the several store	TA . DATE JUN 21 '61	10

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

7216	CERTIFICA	TE OF DEATH		07205
1. PLACE OF DEATH o. COUNTY TAIBOT	MARYLAND	2. USUAL RESIDENCE (Where	e deceased lived. If institution b. COUNTY	residence before admission) Talbot
b. CITY OR TOWN (If outside carporote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporote limits, write RUI	
RURAL and give nearest town)	13 hrs 45min.	x rural-E	aston	
d. NAME OF HOSPITAL (If not in hospital, give street	address)	d. STREET ADDRESS		e. IS RESIDENCE
OR INSTITUTION MEMORIAL		/ none		ON A FARM? YES 🔐 NO 🗌
3. NAME OF DECEASED (Type or print) AND XXXXXX Mable	Middle Dunham		DATE Month OF DEATH DEATH	Day Yeor 13 196/
5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH		Manths Doys Haurs Min.
Female White WIDOWE	DIVORCED 🗌	oct.26, 1874		Manths Doys Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)	KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY
housework	housewife	Michi	gan	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Marvin H. Dunham		Emily H	erron	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	NFORMANT	Addres	SS
(Yes, no. or unknown) (If yes, give wor or dates of service) NONE	none Mr	s. Curtis Jo	nes. Easton	,RD, Maryland
Conditions, if any, which gove rise to immediate couse (a), stoting the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS C	Denerali- CONTRIBUTING TO DEATH BUT	arling and art armin,	achinis Luions Clera Luisease CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		D. (Enter noture of injury in Par	rt I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. It Hour a. m. 19 While at wor	_ Not while fac	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State
21. I certify that (I) (this haspital) attends saw the deceased alive an	/ .		ta 6/13 K, fram the causes and	19_6/, that (1) (we) las I an the date stated above
220. SIGNATURE	eder		CTOR STAFF PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) J. Estseder		Hanson	St. Easton,	Maryland
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 6/15/61		metery	3d. LOCATION (City, tawn, or Wye Mills.	Maryland
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS FACTANA	25a. REC'D	4 = 104	TRAR'S SIGNATURE

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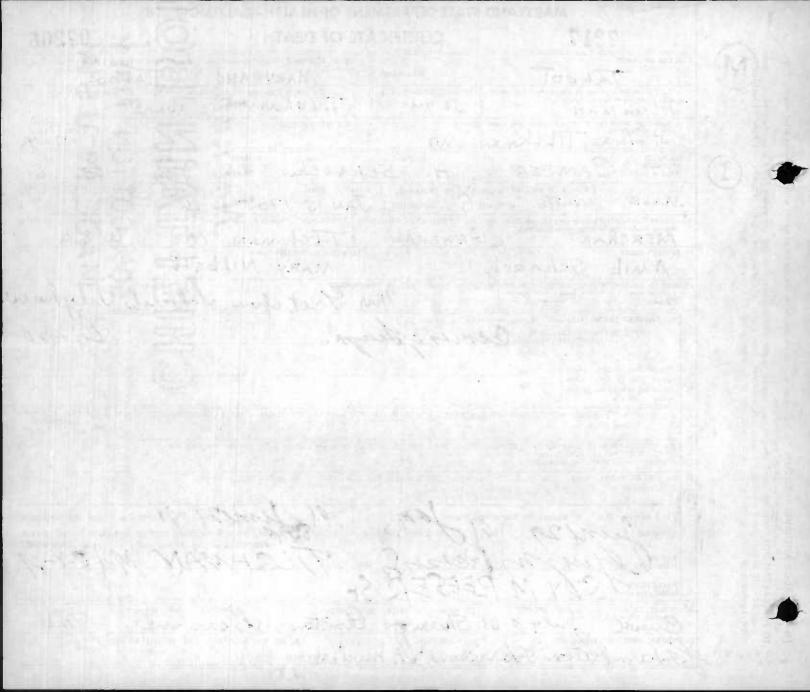
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

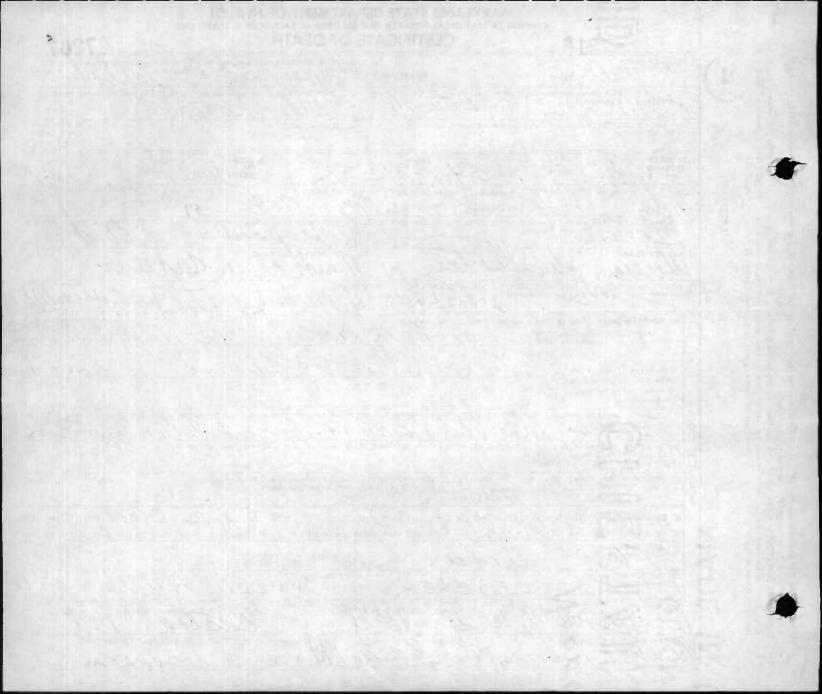


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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	7918 CERTIFICA	ATE OF DEATH	07207
	1. PLACE OF DEATH a. COUNTY Talliah MARYLAND	2. USUAL RESIDENCE (Where deceased fived. If institution on STATE) and and b. COUNTY	on: Residence Vetare admission)
	b. CITY OR TOWN (If gerside corporate finitis, write RURAL and give nearest town) ENUM	c. CON OR TOWN (If outside-corporate limits, write R	URAL and give nearest town)
	d. NAME OF HOSPITAL (If not in haspitel, give street oddress) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) HENRY First M. SHORTAL	L SR, 4. DATE OF DEATH JUNE /	th Day Year 196/
	Male Will WIDOWED DIVORCED .	May 19, 1904 9. AGE (In years lost birthday) 57 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Hours Min.
	10o. USUAL OCCUPATION (Give kind of work dane during most of working life, eyen if retired)	JSTRY J1 BIRTHPIACE (State op/Greign cogntry)	12. CITIZEN OF WHAT COUNTRY?
	William John Shortall	Marite Elbel and	rew.
	IS. WAS DECEASED EVER IN 8. S. ARMED FORCES? (Yes. no, or unknown) (If tot, give war and dates of service) 2/9-34-4022	H. Michael Shortall	h. Castralld
	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	arter ocela	INTERVAL BETWEEN ONSET AND DEATH ILLIEUT G
	Conditions, if day, which (b) Copozary	artery discuse	untlow
	gove rise to immediate couse (a), stating the under-lying cause lost.		
	B. of De Mago, for all a	uced, arrested. Oulu	/EN IN PART 1(g) 19. WAS AUTOPSY PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature af injury in Port I or Port II of item 18.)	OOZX
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m. p. m. 19 While Nat while at wark at work	LACE OF INJURY (Home, farm, 20f. (City or town) actory, street, affice bldg., etc.)	(County) (Stote)
	21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an 1000 1900, and that	death accurred atM, from the causes an	d an the date stated abave.
	220. SIGNATURE Ledus	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S KURT LEDERER	22d. ADDRESS QUEEN A	NNE MI
	230 SURIAL, CREMATION (236) DATE THEREOF 23c. NAME OF CEMETERY OF STRUME OF STRU	OR EXEMPTORY 23d. LOCATION (City sown)	or county) Md (8) ate) (
1	Jamille E. Hewaw for as	DN 11/18 4 2 124	STRAR'S SIGNATURE



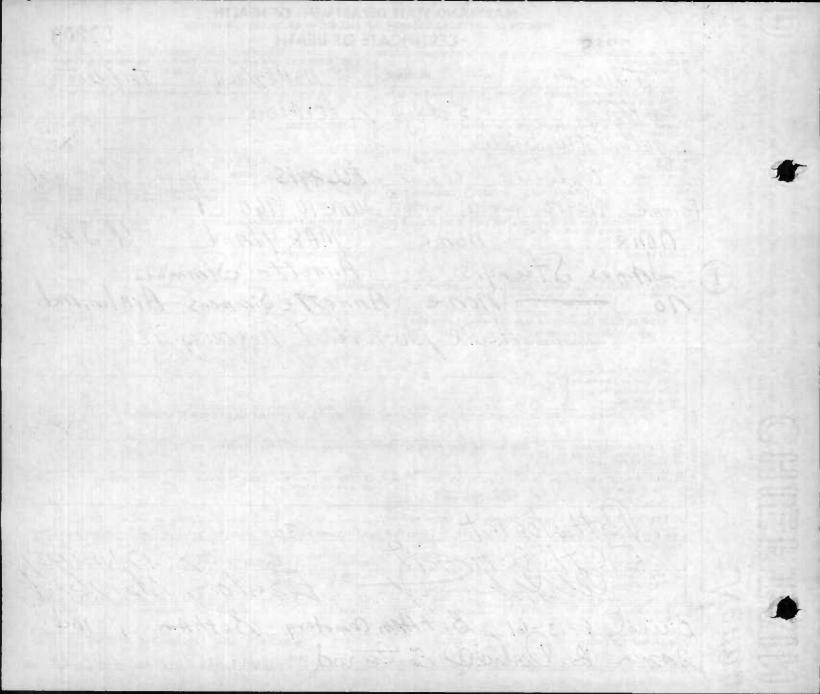
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

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	7210 CERTIFICA	ATE OF DEATH	01208
	1. PLACE OF DEATH o. COUNTY A / hat MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Resider o. STATE b. COUNTY b. COUNTY	nce before odmission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EAS top C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
0	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Fastor Memorial	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Valerie Cexa	Sturgis 4. DATE Month OF DEATH Que	Day Yeor // 19 (p/
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	Sune 10, 1960 lost birthdoy) yrs. Months	Doys Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	MARY/And	TIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME Ames Sturgis	14. MOTHER'S MAIDEN FLAME ANNELTE SIMMONS INFORMANT Address	
	[Yes, go or unknown) If yes, give war or dotes of service) 116 M &	Annette Simmons - AYA	Hon, md.
	18. CAUSE OF DEATH [Enter only one couse per line for (g), (b), and (c).] PART I. DEATH WAS CAUSED BY:	allert me our ti	ONSET AND DEATH
	340.3 IMMEDIATE CAUSE (o)	3014111 11141111991115	
	Conditions, if ony, which gove rise to immediate (b)		
	couse (o), stoting the <u>under-</u>		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES DO DO
		RED. (Enter noture of injury in Port I or Port II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of ot work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	(County) (Stote)
	21. I certify har (1) (this haspiral) attended the deceased from saw the deceased are for 10 g 1 g 19	death accurred at 2 M, fram the causes and an th	, , ,
	220. SIGNAFORE CHECKETONIAL	M.D. ATTENDING MED. STAFF	JUNE GONED
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS 25/org, M2	Mard
	230, BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY DEMOVAL (Specify) 6-13-61 Set HAAM	n Cemetery BethAm	, md,
	24. FUMERAL DIRECTOR'S SIGNATURE DOLLE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S S	IGNATURE .



24/FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

OOIMM

d. NAME OF HOSPITA OR INSTITUTION 3. NAME OF DECEASED (Type or print) 5. SEX Female 100. USUAL OCCUPATION during mast of workin Housev 13. FATHER'S NAME William 15. WAS DECEASED EVER (Yes. no. or unknown)	L (If not in haspitol, give Memo R Berthe 6. COLOR OR RACE White Vigire kind of work dang life, even if retired) Tork H. Deen	toN 220	beth B. DATE D. RINDUSTRY 11.	AL RESIDENCE (Where decease ATE Maryland ITY OR TOWN (If autside carp Preston — STREET ADDRESS Harmony Ro Lost 4 DATE OF DEATH OF BIRTH TUARY 14, 1890 BIRTHPLACE (State or fareign Caroline Co	b. COUNTY orate limits, write RUR. Rural Manth 9. AGE (In years lift last birthday) 71 yrs.	Carolir RAL ond give near Doy FUNDER 1 YEAR Months Doys	rest town) Is RESIDENCE ON A FARM? YES NO Year Year 19 WHAT COUNTRY
d. NAME OF HOSPITA OR INSTITUTION 3. NAME OF DECEASED (Type or print) 5. SEX Female 100. USUAL OCCUPATION during mast of workin Housev 13. FATHER'S NAME William 15. WAS DECEASED EVER (Yes. no. or unknown)	Bertha 6. COLOR OR RACE White (Give kind of work dang life, even if refired) Tork H. Deen	A MARRIED NEVER MARRIED DIVORCEI	beth B. DATE D Feb SR INDUSTRY 11.	Preston – STREET ADDRESS Harmony Ro Lost 4. DATE OF BIRTH PUARY 14, 1890 BIRTHPLACE (State or fareign	Rural Manth 9. AGE (In years lift last birthday) 71 yrs.	Doy F UNDER 1 YEAR Months Doys 12. CITIZEN OF	IS RESIDENCE ON A FARM? YES NO [Year 19 O IF UNDER 24 H Hours Min
OR INSTITUTION 3. NAME OF DECEASED (Type or print) 5. SEX FORMLO 100. USUAL OCCUPATION during most of working most of working the print of working most of	Berthe 6. COLOR OR RACE 7 White V N (Give kind of work doing life, even if retired) FORK H. Deen	Middle MARRIED NEVER MARRIE VIDOWED DIVORCEI TO BUSINESS O	beth beth beth Feb R INDUSTRY 11.	Harmony Rolling A. DATE OF BIRTH PUARY 14, 1890 BIRTHPLACE (State or fareign	Manth 9. AGE (In years lift last birthday) 71 yrs.	Doy F UNDER 1 YEAR Months Doys 12. CITIZEN OF	Year Year Year 19 G IF UNDER 24 H Hours Min
CTYPE OF THE PROPERTY OF THE P	White N (Give kind of work dang life, even if refired) Ork N H. Deen	MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED DIVORCEI	beth B. DATE Feb OR INDUSTRY 11.	OF BIRTH 14, 1890 BIRTHPLACE (State or fareign	9. AGE (In years last birthday) 71 yrs.	F UNDER 1 YEAR Months Doys 12. CITIZEN OF	IF UNDER 24 HI Hours Min
Female 100. USUAL OCCUPATION during most of working Housev 13. FATHER'S NAME William 15. WAS DECEASED EVER (Yes. no. or unknown)	White N (Give kind of work dang life, even if refired) Ork N H. Deen	VIDOWED TO DIVORCEI	PR INDUSTRY 11.	muary 14, 1890 BIRTHPLACE (State or foreign) 71 yrs. A	Months Doys 12. CITIZEN OF	Hours Min
during most of working Housev 13. FATHER'S NAME Willian 15. WAS DECEASED EVER (Yes, no, or unknown) [If	ork 1 H. Deen						
William 15. WAS DECEASED EVER (Yes, no. or unknown) (If			14. M				1.
15. WAS DECEASED EVER				OTHER'S MAIDEN NAME Carrie Wil	l i s		
NO	yes, give war or dates of servi			Messick, Pres	Address		
gave rise to im couse (o), stating th	y, which (b)_ mediate ne under-	met	tarta	(व)		1	yr.
		TIONS CONTRIBUTING TO DEA	ATH BUT NOT REL	ATED TO THE TERMINAL DISEA	SE CONDITION GIVEN	N IN PART 1(0) 15	PERFORMED?
200. ACCIDENT WAS OR CONTRIBUTING I	UNDERLYING DATH	0b. DESCRIBE HOW INJURY O	CCURRED. (Enter	noture of injury in Part I or Pa	ort II of item 18.)		
20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Year	20d. INJURY OCCURRED While Not while at wark at wark			ty or town)	(County)	(Sto
21. I certify that saw the decease 22a. SIGNATURE ROPERS	t W. Tre	196/, and	M.D. PH	TENDING MED. MED. DIRECTOR DIRECTOR DIRECTOR	STAFF PHYS.		at (I) (we) log toted above sign
TACINITATION TACION	PART I. DEATH Conditions, if any gove rise to imp couse (o), stating the lying couse lost. PART II. OTHE 20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY M 20c. TIME OF INJURY Haur a. m. p. m. 21. I certify that saw the decease 22a. SIGNATURE ROBER 22c. PHYSICIAN'S NAME (Type)RC	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (o), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITION OF CONTRIBUTING CAUSE OF DEATH OF CAUSE OF DEATH HOUR A. m. 19 20c. TIME OF INJURY Manth, Day, Year Hour a. m. 19 21. I certify that (I) (this haspital) saw the deceased alive an 22c. PHYSICIAN'S NAME (Type Robert W	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (o), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year While at wark of wark of wark can be deceased alive an accordance of wark of wark can be deceased alive an accordance of the deceased saw the deceased alive an accordance of the deceased saw the deceased alive an accordance of the deceased saw the deceased alive an accordance of the deceased saw the deceased alive an accordance of the deceased saw the deceased alive an accordance of the deceased saw the deceased alive an accordance of the deceased saw the deceased alive an accordance of the deceased saw the deceased alive an accordance of the deceased saw the deceased alive an accordance of the deceased saw the deceased alive an accordance of the deceased saw the deceased alive an accordance of the deceased saw the deceased alive an accordance of the deceased saw the deceased alive an accordance of the deceased saw the deceased alive an accordance of the deceased saw the deceased alive an accordance of the deceased saw the deceased alive an accordance of the deceased saw the deceased alive an accordance of the deceased saw the decea	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVANT CONTRIBUTING TO DEATH BUT NOT RELEVANT CONTRIBUTING COURSED. (c) 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING TO DEATH BUT NOT RELEVANT OR CONTRIBUTIONS OR CONT	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (o), stating the under-lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part III) 20c. TIME OF INJURY Manth, Day, Year While at wark of two work of the deceased dive and the deceased from the country of the c	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (o), stating the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED while all wark 20c. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, affice bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased from 20c. and that death accurred at 20c. Italian and 20c. 196., and that death accurred at 20c. Italian and 20c. 196., and that death accurred at 20c. Italian and 20c. PHYS. 20c. SIGNATURE ROBERT W. Trever M.D. PHYS. 21d. ADDRESS NAME (Type Robert W. Trever M.D. Easton, Maryland) 23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or 20c. Italian and 20c. Italian	PART I. DEATH WAS CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19 200. ACCIDENT WAS UNDERLYING DOES OF DEATH II (FIFTHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while dat work deceased alive an a work of the work deceased from the deceased from the deceased dive an a saw the deceased alive an a saw the deceased from the deceased from the deceased dive an a saw the deceased alive an a saw the sa

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25a. REC'D BY REGISTRAR DATE JUL 1 3 '61

25b. REGISTRAR'S SIGNATURE Cirling S. Tuna

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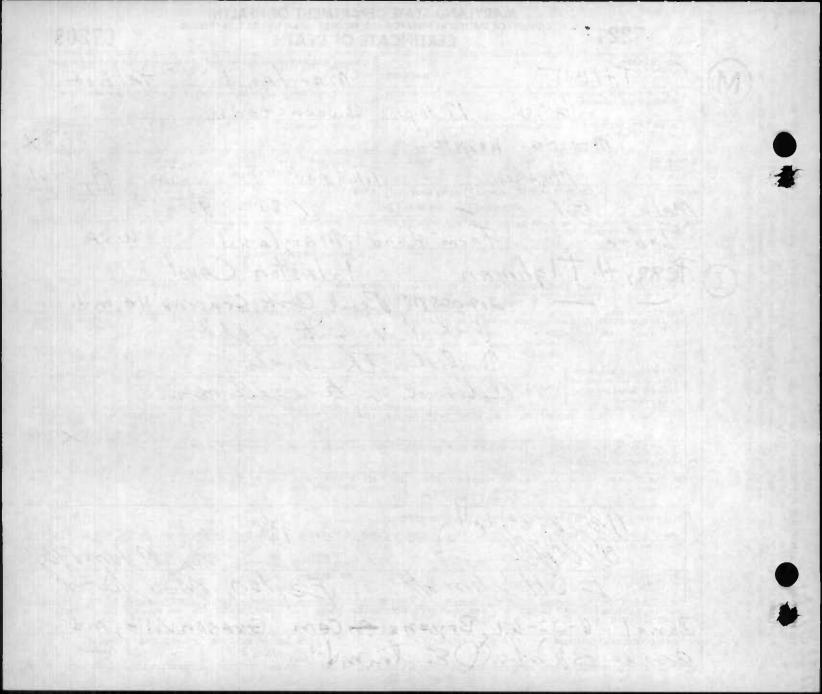
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07209

1		LACE OF DEATH L. COUNTY TALBOT MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	before admission)
/	-	c. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest tawn)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give	ve nearest tawn)
		BASTON 12 days	Lucenstown	
^		or INSTITUTION Memorial Hospital	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
0	2 1		14 22-	
		Type or print) Abraham	Tilghman DEATH Sunc	19, 1961
	S. S	1. MARRIED NEVER MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DAFE OF BIRTH 9. AGE (In years IF UNDER 1 Months D	YEAR WUNDER 24 HRS Doys Hours Min.
	10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	1 00 / 1	EN OF WHAT COUNTRY
	12	LABOR TARM HAM		SHI
1	13	PERRY H. Tilahman	14. MOTHER'S MAIDEN NAME	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address	
	,,,,,,	219-05-8818 0	Penl Cook, Grasonville,	md,
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (W) and (c)? PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Infant right	INTERVAL BETWEEN ONSET AND DEATH
		332X DUE TO CONFORM -	to has	
		Conditions, if any, which gave rise to immediate (b)	and the	
		couse (a), stating the <u>under-lying cause lost.</u> DUE TO Claranel (c)	arteriozelerrais.	
ď	NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
	ICAT			YES NO
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I ar Part II af item 18.)	
	MEDICAL	Hour a.m. While Not while	LACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Cactary, street, office bldg., etc.)	unty) (State
	2		10.0.4-	4-1/11/1
			death accurred at 72M , fram the causes and an the	
		220. SIGNATURE 6	10 /	32b DATE
		auger of	M.D. ATTENDING MED. STAFF PHYS. 19 VU	17 e1907
		22c. PHYSICIAN'S E. C.H. SC/7/77 WH	122d. ADDRESS /24 TOD, May/10	Ind.
		BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town, or county)	(State)
	9	DREMOVAL (Specify) 6-22-61 BryAns	Ch. Cem Grason Ville,	md
ı	24.	FUNERAL DIRECTOR'S SIGNATURE	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	
1	(come Diamin Certo	DATE	



MARYLAND STATE DEPARTMENT OF HEALTH

ORE 1, MARYLAND DIV

ISION	OF	STATIS	TICAL	KE2	EAR	H A	ND	RECO	RDS	_	BAL	IIM
			CE	RT	IFIC	CA	TE	OF	D	E	ATH	1

	7222	CERTIFICA	TE OF DEATH	KILAND	07210			
1	PLACE OF DEATH o. COUNTY TAILBOT	MARYLAND	2. USUAL RESIDENCE (Where deceased in STATE	b. COUNTY	e before admission)			
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporat	re limits, write RURAL and gi	ve nearest fown)			
	d. NAME OF HOSPITAL (If not in haspital, give tree OR INSTITUTION	morial/tosp	d. STREET ADDRESS	05X-1	e. IS RESIDENCE ON A FARM? YES NO			
L	NAME OF DECEASED (Type or print)	s MARY	1 RICE 4. DATE OF DEATH	Month CLIFE .	Day Year 196/			
	F W vypov		MAR. 11, 1903 1	ast birthday) Manths E	YEAR IF UNDER 24 HRS. Days Haurs Min.			
	oa. USUAL OCCUPATION (Give kind of work done 10k during men of warking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign cour	itry) 12. CITIZ	EN OF WHAT COUNTRY?			
	B. FATHER'S NAME WILLIAM PI	HILLIPS	14. MOTHER'S MAIDEN NAME ELTZOBETH	MILLE	R			
	6. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (fes. no. pr unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.1	Mrs. Jermans) od	ld Deuto	in hed.			
	18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH			
	Canditions, if ony, which gave rise to immediate DUL TO	Prec			2 weeks			
	lying cause last. (c)							
ACITA DISTRES	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE (CONDITION GIVEN IN PART	PERFORMED?			
- 1		SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port 1 or Port 1	of item 18.)				
145010244	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 20d. INJURY OCCURRED to work of work							
	21. I certify that (I) (this haspital) attersaw the deceased alive and the saw the deceased alive and the saw the deceased alive and the saw the saw that the saw	. /	death accurred of \$150, from the		that (I) (we) last date stated abave.			
	220. SIGNATURE	0/	M.D. ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS.	22b DATE SIGNED			
	P. E. COX	M	D 22d. ADDRESS aston, Maryla	nd 6	17/61			

23b. DATE THEREOF BURIAL, CREMATION, REMOVAL (Specify)

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, tawn, ar county)

(Stote)

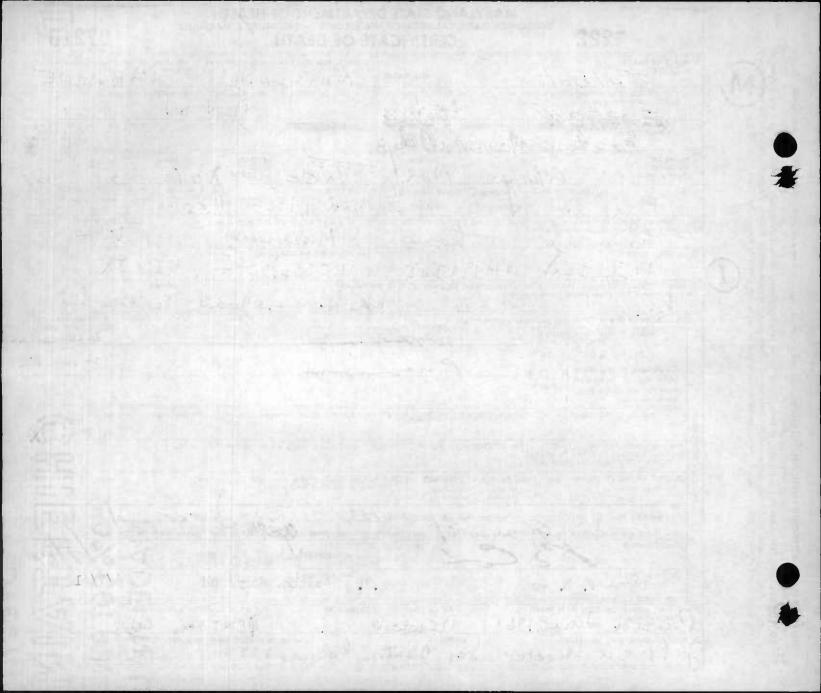
FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

250. REC'D BY REGISTRAR DATE JUN 1 2 '61

25b. REGISTRAR'S SIGNATURE arthur S. Kraus

VR A1S (4) 1SM 9/S9



FOR STATE HEALTH DEPT.

TO DEPUTY WEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If applications necessary, please is the lifticate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to director. Page 4 should be crwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be testant for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

5M 2/57

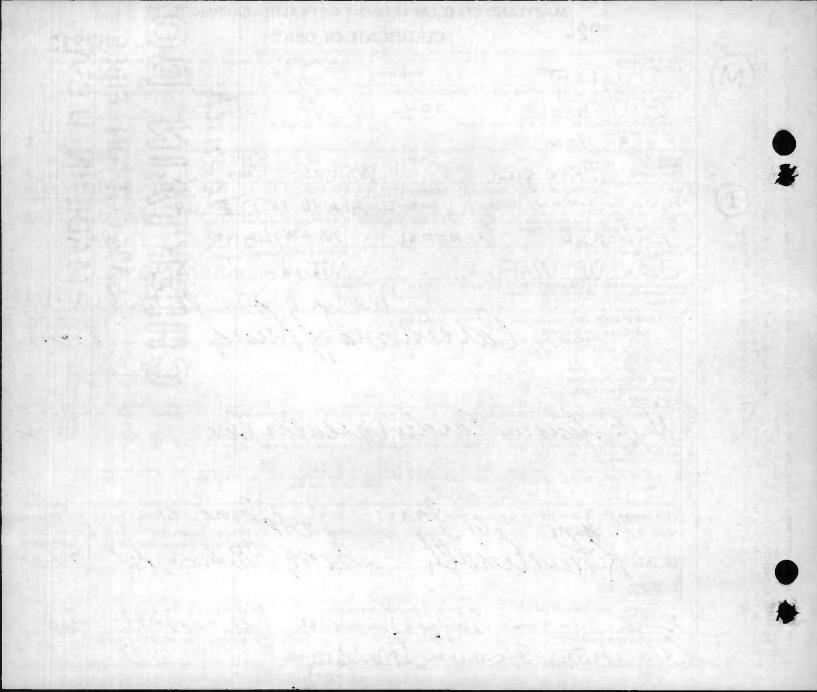
VS. A15ME

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH MOOM

	1 14 6	.0							Reg.	Dist. No	1.16	11
1. PLACE OF DEATH						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
	o. COUNTY	Talbot		MARYLANI		o. STATE Mar	ylan	a b. COUNT	Y Ca	rol:	ine	6
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negrest town)					c. CITY OR TOWN (If outside con	porote limits, write	RURAL O	nd give n	earest to	wn)	
Easton 25 Min.					Rural	Hend	erson		0.5	X	0	
-			f not in hos	pital, give street address)		d. STREET ADDRESS						ESIDENCE
	Mem	orial Hos	spita	1		None						A FARM?
	NAME OF DECEASED	Fire	t	Middle		Lost	4. DATE OF	Montl	h	Doy	,	Year
	(Type or print)	Orban			V	ovcsik	DEATH	6		30	0 1	9 61
5.	SEX	6. COLOR OR RACE	7. MARRIE	D X NEVER MARRIED	8. DA	E OF BIRTH		9. AGE (In years	IF UNDE	R TYEAR	IF UND	ER 24 HR
	Male	White	WIDOWED	DIVORCED [5	-25-1880		81 yrs.	Months	Days	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of work	done 10b. K	IND OF BUSINESS OR INDU	STRY	11. BIRTHPLACE (Stot	e or foreign	country)	12. CI	TIZEN O	F WHAT	COUNTR
	Farm Own		1	Farming		Hungar	o.V.			Hun	gar	V
_	FATHER'S NAME	<u> </u>			14.	MOTHER'S MAIDEN						
		No Rec	baco			No Re	brone					
15	WAS DECEASED EVE			SOCIAL SECURITY NO. 17.	INFOI		COLU	Address				
[Ye	e, no. es unknown)	It yes, give war or dates of	service)							na .	7	2
_	No			9-34-4072A	11/1	ary Voyo	SIK	Hender	son,		ryla	
		H [Enter only one cou	se per line i	for (a), (b), and (c).	A	11					ET AND DE	
		H WAS CAUSED BY: MMEDIATE CAUSE (o)		Cerchen	1	Hemo	vole	098		1	+1	2-
	3311	DUE TO			0	01	1	10			/	
	Conditions, if on	y, which) (b)	11	Marin 1	101	Levos	11.1	Lecceral	cru	-15	- 4	11-
	gave rise to immed	iote couse	- La	vero y				perces to	-		-1-	
	(a), stating the u	nderlying DUE TO										
7		(c)	DITIONS CO	ENTRIBUTING TO DEATH BU	TAIOT	ELATED TO THE TERM	AINIAI DICEA	E CONDITION ON	/ENI INI DA	PT 1/-> 1	D MAKE	ALITORCY
ATIO	PARI II, OTHI	EK SIGNIFICANI CON	DITIONS CC	MIKIBUTING TO DEATH BO	INOI	ECKIED TO THE TEXA	WINNE DISEN.	SE CONDITION ON	EN IN TA		PERFC	DRMED?
띮	20a. EXTERNAL CAU	SE WAS 20	b. DESCRIBE	HOW INJURY OCCURRED.	(Enter	nature of injusy in Pa	et t or Part I	of item 18.)				-7
ERT	PRIMARY OF CON											
¥	20c. TIME OF INJUR	Y Month, Day, Yea	y 204 I	NJURY OCCURRED 20e. P	ACE O	F INJURY (Home, for	204 (C)	y or fown)	IC	ounty)	-	(Stote)
18	Hour a.m.	Monin, boy, rec	While	1 6.	ectory, s	treet, office bldg., et	c.)	y or rown,	10	boniy)		(31016)
A.	p. m.	19	at wa	rk ot work								
	21. I certify th	at I taak charge	of the r	remains described at	oave,	held an Autop	sy [], I	Inspection [X	Inqu	iry 🛛	, ar	d in my
	opinian death	esulted fram: 1	Vatural o	auses 💢, Accident	П.	Suicide .	Hamicide	Undete	rmined	manne	er 🗍	
	Death land	A	~		Compile							
	ACTUAL	1	·A	4000	M.	CHIEF MEDICAL I	EXAMINER [1			DATE	SIGNED
	SIGNATURE	Mucro	10	recorge	М.	ASSISTANT MEDI	CAL EXAMIN	ER 🗆		4	1	-61
	EXAMINER'S					DEPUTY MEDICAL		1		/	-1-	-41
-	NAME (Type)	Dawson O		rge				7/				
120	REMOVAL (Specify)	V. 22b. DATE THEREC	15	22c. NAME OF CEMETERY		MATORY	1 0	ATION (City, town,	-	-	(Stot	•)
L	Burial (Specify)	7-3-61		Greensbor	0			ensboro	-			
23.	FUNERAL DIRECTOR'S	SIGNATURE	0	ADDRESS	'n	240. REC	D BY REGIS			- 11		
	1 4 1	12 11 .	1		11	1. 11	E	161	Shur.	X Tina	ua	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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F 2	1		- 1	ter
	3	and.	1	1

4 5.7		1		00010
Poge directa iled wit	(1)	1.	PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be constant to the county be county by county be county be county be county be county be county by county be county be county by county be county by county be county by county be county by county by county be county by cou	pefare admission)
leath.			b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)	nearest tawn)
o fe		_	EUSTON LOGS 19 Easton	1
th die	100		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
d 2	(1)	_	Memorial Nospital 121 N. Locust Street	YES NO
d ii o		3.	NAME OF Figst Might 4 Last 4. DATE Manth	Day Year
es lee			OF DECEASED (Type or print) VEROL NURIEL WATSON OF DEATH WAS 2.1	196
deo deo	3	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. A (In years IF UNDER 1 YI	EAR IF UNDER 24 HR
e e k	į		Female White WIDOWED T DIVORCED March 4. 1905 56 yrs. Months Dog	ys Haurs Min.
mpl mpl pers	5	100		OF WHAT COUNTRY
Co			during most of working life, even if retired)	
ond ond		12	Housework Housewife Penne. US.	A
on on in		13.		
sici ve ve	(=	L	Alfred Kline Schumine	
phy phy		15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1. (If yes, give war or dates of service)	
ng e re		1	no none none Ronald Philip Watson, Easton,	Marylan
andi eas			1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	NTERVAL BETWEEN
atte			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	DISET AND DEATH
the The			1547 DUE TO 00	1-0-4
thot to the	2		Continue to the Contract of th	, o da
ed ed			gave rise to immediate (b)	1
ign ign			Conditions. if any, which gave rise to immediate cause (a), stating the under-	3-41
ian sn s	5	7	(c)	VISOTULE AUTORS
ysic ysic bee bee	5	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(19. WAS AUTOPS PERFORMED?
ph ph riol	5	N. A.		YES NO
ding ling	, n	RTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH	
IAP fice fice the	; 0	3	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
att att		₹ S	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (Court	nty) (Stat
HY Dis or use to the	2	MEDI	Haur a. m. While Not while factory, street, affice bldg., etc.)	
o it it is	5	-		
Afte d	1			that (1) (we) la
S S S S S S S S S S S S S S S S S S S	5		saw the deceosed alive on	
det de L	_		22a. SIGNATURE ATTENDING MED. STAFF	22b.DATE SIGNE
2 5 B			M.D. PHYS. DIRECTOR PHYS.	
AL DIN		13	22c. PHYSICIAN'S NAME (Type)	
RAL Sho Sho	ă b		P. E. Cox Easton, Maryland	
NE S	3	23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	(State)
mon Person	<u>u</u>		Burial 6/24/61 Redmen Cemetery Chincoteague, Vi	rginia
5 5 7	1173	24	FUNERAL DIRECTOR'S SIGNATURE APDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNA	ATURE
VR A15 (4)		1	Il I grant to Caroll EA TON Mis. DATE JUN 26'61 arily 8.	trava
1SM 9/S9		4	1 / Julian Will Will I I I I I I I I I I I I I I I I I I	

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kiniyeli, evan				

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	7225 CERTIFICA	TE OF DEATH	07214
	PLACE OF DEATH O. COUNTY TALBOT MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside a. STATE MARYLAND b. COUNTY	nce before admission) ALBOT
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - ST. MICHAELS 17 YRS.	c. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL - ST. MIC	HAELS
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) CHARLES W.	WILSON 4. DATE OF TUNE	Day Year 196
	MALE COLOREB WIDOWED DIVORCED	MAY7,1879 Strikdoy) Manths	R 1 YEAR IF UNDER 24 HR Days Haurs Min.
	0a. USUAL OCCUPATION (Give kind of work done during mast of warking life, even if retired) CHEF-COOK	VIRGINIA (S A
	WILLIAM WILSON	UNKNOWN	1056
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no. or phylogen (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. II	MRS.C.W. WILSON ST. MICHAE	FARM LS MD
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (b). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONG CSIVE (C)	Neart Fail	ONSET AND DEATH
	Conditions, if any, which gove rise to immediate	tery Neart Dis	1gr.
	cause (a), stating the <u>under-</u> DUE TO lying cause last. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		PERFORMED?
		D. (Enter nature of injury in Part I or Part II of item 18.)	
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED to PL While at work 19 to the p. m. 19 to the p. m.	ACE OF INJURY (Home, farm, 20f. (Cily or tawn) ctary, street, affice bldg., etc.)	(County) (State
		deoty occurred ot 150M, from the causes and on the	
	220 PHYSICIAN'S	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS	22b. DATE StGNE
	NAME (Type)		
	130. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CO. BENOVAL (Specify) JUNE 15,196 MARLING	TON MARLINGTON,	W. VA -
	4. Funeral director's signature Harrison, St. W	250. REC'D BY REGISTRAR 256. REGISTRAR'S S DATE 1 4 '61 Criting B.	
		7,000	

VR A1S (4) 15M 9/S9

MATERIAL STATES TALBOT DE MAN MAN PARALAS TALBOT Rest of the state Tal El antil All Modulin LW Teaustand 1159112 243 MHONANO POSSIN MINESON OF CINCOLD RECEIPED TO THE WALL OF THE PROPERTY OF THE PERSON V. Description of the Brance Tore Kirtal Anapolitication The water of a course of the day of the